CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1875

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO: 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. [ ] To be sold as scrap or waste paper	B. [X] To be Burned or shredded	C. [ ] Historical (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolled

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Callan

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* one *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 175 N. Eden St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol. Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. M.R.

Date of Burial, Sept 11th 1876

Undertaker, Thos Valliant

Place of Business, 175 N. Eden St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thos Valliant 175 N. Eden St

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1876.

Full Name of Deceased {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Margaret Knoblock

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty Nine *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Thirty one years.

Place of Death, {Give street and number.} No 279 S. Broad st.

Cause of Death { First (Primary,) Dropsy
{ Second (Immediate,)

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, September 12th

Nicholas L. Bashiell M. D.
Medical Attendant.

Undertaker, Leonhard Kurz

Place of Business, S. Bond street No 227. *Address* 207 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, Sept 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Margaret R. Emney

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 Short St

Cause of Death, {First (Primary,) malformation of intestines

{Second (Immediate,) Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11 1876

{*Undertaker,* W. F. Dunlap

{*Place of Business,* East St

Ernest Klein M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alonzo Emney father

[9]

Board of Health, City of Baltimore,

Permit No. 12814 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eliza

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 Week, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 14 days

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary.) Marasmus

Second (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 12. 1876

Undertaker, Saml Bowers

Place of Business 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Seigman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 7 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité

Duration of Residence in the City of Baltimore, Sept

Place of Death, {Give street and number.} Pat. Infant Asylum

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Louden Park

Date of Burial, Sept 11

Undertaker, C H Hazard

Place of Business, 281 Penn ave

C. F. Brune *M. D.*
Medical Attendant.

Address 241 Lindsley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 2:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Matter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Two (2) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 Washington Avenue

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 38 Washington Avenue

Cause of Death, First (Primary,) ____

Second (Immediate,) ____

Duration of Last Sickness, Born Asphyxia; Premature birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 12 1876

Wm. H. Oldendiee M. D.
Medical Attendant.

Undertaker, S. Lovell

Place of Business, W. Balto St. *Address* 15 N. Strength St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Frances Yates

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} North ~~Broadway~~ St No 118 Bond

Cause of Death, {First (Primary,) Chlorosis

Second (Immediate,)

Duration of Last Sickness, 2 days under my care

All the above information should be furnished by the Physician.

Place of Burial, Pratt Cemetery

Date of Burial, Sept 12th 74 Geo. H. Watson *M. D.* Medical Attendant.

Undertaker, Thos C Hughes

Place of Business, 66 E Pratt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during the or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months.* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Plum Row

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaft Street Sept Cooke

Date of Burial, September 10

Undertaker, Black Davis 103 East

Place of Business, Address 60 East Hamburg St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, September 10th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Henrietta Wright

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Thirty Eight *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No. 16 Jesse Alley

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Sud Dropsy.

Duration of Last Sickness, Sud 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, Sept 11 1876

Undertaker, C. Sheiker

Place of Business, E. Pratt St Address No 139 N Broadway

Wm H Cudmore M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12820. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hoopu Green

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 280 Hamburg

Cause of Death, {First (Primary,) Injured on R. R.
Second (Immediate,) Nervous Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12 76

Undertaker, [redacted]

Place of Business, [redacted] *Address* [redacted]

R. C. Lee M. D.
Medical Attendant.
Coroner's Dr.
Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall [redacted] said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 12827.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] ceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Ralls

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 534 St. Balt. Shed

Cause of Death, First (Primary,) Measles with

" Second (Immediate,) Pneumonia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Country

Date of Burial, 9/12 1876

Undertaker, James P Byrne

Place of Business, 1063 N Front St

Chas Mc[illegible] M. D.
Medical Attendant.

Address 306 N. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,822.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. C. Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days,

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5 Carlton St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, September [illegible]

Undertaker, William A. Dunger

Place of Business, No 104 East St. *Address* 266 Sharp St

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 12822.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. E. Underdue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Col. d. *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish alley.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Parish Alley.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 12th 1876

Geo. W. Innis M. D.
Medical Attendant.

{*Undertaker,* William A. Large

{*Place of Business,* No 104 East St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotus Geidt,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Conway St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 13th of Sept.

Undertaker, 347 Pratt St.

Place of Business, S. Kimmel.

R. J. N. Tall M. D.
Medical Attendant.

Address 15 & Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FIRST

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12825

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Molly Cross

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 17 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 S. Chapel St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) " " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Ce

Date of Burial, Sept 12th 1876

Undertaker, M. Rockeller

Place of Business, 2[illegible] E. Lombard

James Kelly M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION [illegible] And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAKS

Board of Health, City of Baltimore.

Permit No. 12826. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wisslayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 2 weeks ~~Days~~.

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Abbott St

Cause of Death, First (Primary.) Cramps

Second (Immediate.) "

Duration of Last Sickness, " "

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cc

Date of Burial, Sept 12th 1876

Undertaker, Henry Hoeck

Place of Business, 3 & N. Gaulst a

James A Means M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cordelia Jane Hughes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } or 19 S Paca Street

Cause of Death, { First (Primary,) Pulmonary Consumption

{ Second (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 12th 1876

Undertaker, Hughes & Co

Place of Business, 530 Fayette *Address* [illegible]

J. H. Rhodes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 12828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept-12th 1876. Vogelgesang

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Vogelgesang.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 213 Battery Ave.

Cause of Death, {First (Primary,) Tetanus Nascentium

{Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 12 1876

Undertaker, C. F. Krauss

Place of Business 204 Hanover st

J. E. Harrington M. D.
Medical Attendant.

Address 321 Light-st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
13
876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlo Gentner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} Hotel No 3

Cause of Death, First (Primary.) Puerperal fever

Second (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, September 3d

Undertaker, Chas. Knell

Place of Business, Columbia. bet 2d & 3d

(D. L.) Suddenton M. D.

Medical Attendant.

Address No 11 E. Columbia st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary E. M. Carty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 Years, 7 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 394 S. Charles St.

Cause of Death, {First (Primary,) Indigestion / Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, September 13th 1876

Undertaker, Charles F. Crowley

Place of Business, 161 Hanover St.

DR. J. H. SMITH SEP 12 1876 BALTIMORE, MD.

D. Stewart M. D.
Medical Attendant.

Address 189 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12851

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} John Taylor

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 115 Lancaster St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Acute Dysentery 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 12th 1876

R. M. Mansfield *M. D.*
Medical Attendant.

{*Undertaker,* M A Daigel
Place of Business, 74 S Broadway} *Address* 114 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

Date of Death, Sept 12.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Monroe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 547 Light St

Cause of Death, First (Primary,) ... Second (Immediate,) Tuberculous meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, B. F. O. Cem.

Date of Burial, Sept 13 76

Undertaker, Wm. J. Tribner

Place of Business, 65 S. Eutaw

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Margaret~~ Martha A. Rockenmayer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} Enda 38

Cause of Death, {First (Primary.) Second (Immediate.)} Cancer (Facial)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, 13 Sept 1876

Undertaker, [redacted]

Place of Business, 38 Arch St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [redacted] eight hours after the death to the undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sloss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {No. street and number.} 231 Alleghany St

Cause of Death, First (Primary,) ...

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 14th 1876

Undertaker, H. Froehlich

Place of Business, Eastern Ave

Jno. A. Steuart M. D.
Medical Attendant

Address Commissioners of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Sloss Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* *Months,* 2 *Days.*

Color, Colored. *Sex,* ——

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Paris alley, No 9,

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } Paris alley, No 9

Cause of Death, { First (Primary), Do not know. Second (Immediate,) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon county, Va.

Date of Burial, Oct 13 1879

Lt H Ihrie, *M. D.*
Medical Attendant.

Undertaker, J. W. Foster

Place of Business, W. B. Stahl

Address ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12836

OFFICE OF REGISTER OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ..... Bruno Gilt

Sex, Male or Female, {Cross out the word not required in this line.} ..... Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..... Married

Occupation, ... Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ..... Germany

Duration of Residence in the City of Baltimore, ... No. 883 Gough

Place of Death, {Give street and number.} ..... St. Agatha's Asylum

Cause of Death, {First (Primary,) ..... Second (Immediate,) ..... Paralysis

Duration of Last Sickness, ... Days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsius Cemetery

Date of Burial, September 11th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

..... *M. D.*
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, so the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, [illegible] (whether married or single) of the person deceased, and the cause and place of death, except in cases of [illegible] and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary D. McPeirce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Monument 234

Cause of Death, {First (Primary.) Whooping Cough

{Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 13 1876

Undertaker, Geo. Schilling

Place of Business, Livery with E. Monument

E. A. Balderson M. D.
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

Date of Death, Tuesday Sept 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Robert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 9 *Months,* ____ *Days*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Forty Years (40)

Place of Death, {Give street and number.} 100 Chesapeake St

Cause of Death, First (Primary,) Septhetic Calculus

Second (Immediate,) Anaemia

Duration of Last Sickness, Eight days 8

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 13th 1876

J. Lucas M. D.

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Pisquith & Monument st *Address* 20, Do Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876

Full Name of Deceased, {Write legibly and spelt correctly. If an infant not named, give names of parents} Claudia Ann Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 14 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Sy weeks

Place of Death, {Give street and number.} No. [redacted] George St.

Cause of Death, First (Primary,) Stomatitis.
Second (Immediate,)

Duration of Last Sickness, Sy Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore [redacted]

Date of Burial, Sept 14 1876

Undertaker, Chas. J. Serio[redacted]

Place of Business, 211 [redacted] Eutaw [redacted]

E. M. Reid M. D.
Medical Attendant.

Address 245 N. Fremont St.
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 128401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Weitzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 S. First St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastro-Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Eastern Cemetery

Date of Burial, September 13th 1896

Undertaker, W. A. Daige

Place of Business, 424 Broadway

James D. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eliza Sherwood

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick City

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} 6 Lewis Alley

Cause of Death, {First (Primary.) Chills

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery James Steuart M. D.

Date of Burial, Sept 13 1876

Undertaker, Wm. J. Gray

Place of Business, Mulberry St

Address Commiss of Health H Reg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel A. Michaelis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ~~months~~ *Months,* ~~days~~ *Days.*

Color, Col *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Colored Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Chestnut St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pul Cemetery

Date of Burial, Sept 13 1876

A. T. Shertzer M. D.
Medical Attendant.

{*Undertaker,* Chas Shertzer
Place of Business, Pratt & Chester Sts *Address* 11 S. High St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th of Sept. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Watter

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Soap maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 63 Albemarle St

Cause of Death, First (Primary,) Carcinoma ventriculi et hepatis

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Evergreen, St. Matthew Cemetery

Date of Burial, 14th Sept.

Undertaker, Fred. Gaede

Place of Business, 185 E. Fayette St

M. D.
Medical Attendant.

Address 247 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael Tuttle

Sex, Male ~~Female~~; {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 5 years

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 32 Eutaw St

Cause of Death, {First (Primary,) old age

Second (Immediate,) senile decay Diarrhoea

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery James Adams M. D.

Date of Burial, Sept 14th 1876

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St *Address* Commrs of Health & R. C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo Henry Ruppersdorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} cor Gough & Central Ave

Cause of Death, First (Primary,) Premature

Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Sept 14 1876

Undertaker, Peter Frey

Place of Business, Eastern Ave

James Steen M. D.

Address Commissioners of Health

H Reg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jacob Ruppersdorf Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th Mo 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Joseph

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} No. 34 Millman St

Cause of Death, First (Primary,) Debility from age.

Second (Immediate,)

Duration of Last Sickness, declining for some years

All the above information should be furnished by the Physician.

Place of Burial, Mount Presbyterian cemetery.

Date of Burial, Dec 14th 1876

Wikiley M. D.

Medical Attendant.

Undertaker, Chas. T. Bowers

Place of Business, 271 E Eutaw st Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estray Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Writer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Talbot Co Md.

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} No 13 N Howard St Balt

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13th 1896

Undertaker, William C. Deems

Place of Business, 110 W Read St

C H Pattison M. D.
Medical Attendant.

Address 23 Franklin St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Evaline Frazier

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 48 *Years,* ——— *Months,* 11 *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Middleoverpeck Maryland

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, { Give street and number. } 4 Lucas alley

Cause of Death, { First (Primary.) Apoplexy

Second (Immediate.) Eleven days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 13 1876

Undertaker, Wm A Dunger

Place of Business, 104 East st

Edward P Jewett M. D.
Medical Attendant.

Address 137 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Feigenheim

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 205 Hudson St Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 205 Hudson St.

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate.) "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery J. H. Martin *M. D.*

Date of Burial, Sept 14th 1876 Medical Attendant.

Undertaker R. Eckhard *Address*

Place of Business, 269 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Alexander J. Kinsel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 299 E Baltimore St.

Cause of Death, {First (Primary) Convulsions

{Second (Immediate)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 3rd

Undertaker, M A Daiger

Place of Business, 424 E Broadway *Address* 244 Broadway

H. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Mandowney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ 19 *Months,* ~~Days.~~

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 19 months

Place of Death, {Give street and number.} 271 McDonough St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, asbury evergreen *Dr.* P. O'Reilly M. D.

Date of Burial, Sept 13 1876 Medical Attendant.

Undertaker, Wm A Dangler *Address* 235 N Broadway

Place of Business, No 104 East st

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 241 E. Chase St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Dysentery

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 14th 1876

Undertaker, James B Byrne

Place of Business, No 63 N Front St

Jno Brooke Boyle *M. D.*
Medical Attendant.

Address 166 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. John W. Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy Six *Years,* Eleven *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No. 105 N. Broadway

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 14th of September

Undertaker, Mc Fenny

Place of Business, 20 Broadway & Fayette st

Wm H. Clendinen, M. D.
Medical Attendant.

Address 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, White ex Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 917 E Monument Street

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Organic disease of the heart

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P.R

Date of Burial, Sept 14th 1876

Undertaker, Wm Fry

Place of Business, Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address 100 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel M. Ruff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* One *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} N. W. Corner S. Fremont & McHenry sts

Cause of Death, First (Primary,) Consumption

Second (Immediate.) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 14th 1876

Undertaker, Jos. Loane

Place of Business, 568 W. Baltimore St

W. B. Griffith M. D.

Medical Attendant.

Address 60 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. C. Eight

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 5 *Years,* *Months,* 8, *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, School Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saratoga St.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 6 E. Whatcoat St.

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary.

Date of Burial, September 14

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address*

Lu. H. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health—City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor Smallwood

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Seamstress

Birthplace, { ~~Give country if born in the United States,~~ if of foreign birth. } Eastern Shore of Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. } 192 Exhibit Avenue

Cause of Death, { First (Primary,) Cancer of Breast
Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, September 13th 76 L. Mackenzie *M. D.*
Medical Attendant.

Undertaker, M. A. Dougherty

Place of Business, 74 Exhibit *Address* 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12858 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th of Sept 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 372 E. Chase street

Cause of Death, First (Primary.) Diphtheritic gangrenous

Second (Immediate.) Want of care

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, Feb. 15. 1896

Undertaker, Chas Rosenau

Place of Business, 136 E Fayette,

J. J. White, M. D.
Medical Attendant.

Address 245 S. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Morton Crawford

Sex, [redacted] *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* *Days.*

Color, [redacted] White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 831 N Bond St

Cause of Death, {First (Primary.) Hydrocephalus
Second (Immediate)

Duration of Last Sickness, About two Weeks

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, Sept 15th

Undertaker, Wm Frey

Place of Business, Broadway & Fayette St

D E Phelan M. D.
Medical Attendant.

Address 837 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL ~~[illegible]~~ OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gassaway is the name of the father

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Cd

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Chestnut Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Don't Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 14 1876

Undertaker, Hutton & Seay

Place of Business, 66 Mulberry St

W. W. Austin M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 12861

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13- 1894.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Rosier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* 6 *Months,* — *Days.*

Color, Blk. *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Cassell Mines

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Union St.

Cause of Death, { First (Primary,) Old Age (Cerebral softening
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Penn Mass

Date of Burial, Sept 15 94

Undertaker, Fenton & Gay

Place of Business, 63 Hallett St

W. E. Morley M. D.
Medical Attendant.

Address 169 N Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12862

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Richards

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co State of Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} N. E Cor Gilmore & Fayette Sts

Cause of Death, {First (Primary,) Diarhea & Paralysis, diarhea cured
Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 16th

{*Undertaker,* J Cook
{*Place of Business,* Balto st 2 doors above Schroder

Elias C Price M. D.
Medical Attendant.

Address 262 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12863 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ora Ayers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrisburg Penna

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 1 Chesnut Court

Cause of Death, {First (Primary,) Influmation of Rheumatism

{Second (Immediate,) Procaretitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Ebb Cemetery Laurel

Date of Burial, Sept 14 1876

Undertaker, Chas Stiefer

Place of Business, Pratt & Charles Address 5 1/2 Calvert St

Edwin G. Wrelch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 12864

The Physician who attended any person in a l[illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Calvert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five *Years,* Eight *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. East Madison St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore, Md

Date of Burial, September 14th 1876

Wm H. Clendinen *M. D.*
Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 74 S. Broadway *Address* 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12865 — OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward F. Casey

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 108 E. Fayette St.

Cause of Death, { First (Primary,) Congestion of Lungs

Second (Immediate.)

Duration of Last Sickness, 1st Week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 7th 1876

C. J. Mahon *M. D.*
Medical Attendant.

Undertaker, James O'Byrne

Place of Business, N° 62 Ann From St *Address* 108 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12866 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

Date of Death, Sept 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Prdzinek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 3le *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower? {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia (Austria)

Duration of Residence in the City of Baltimore, about five years

Place of Death, {Give street and number.} No 333 S Charles St

Cause of Death, {First (Primary,) Second (Immediate,)} Malignant fever

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Sept 16th 1876

Undertaker, H. Bokern

Place of Business.

J C Winderweedle M. D.
Medical Attendant.

Address 12 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR — VITAL STATIST

Permit No. 12867

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore September 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Oliver Chapman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Five Months, Ten Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore. Continual

Place of Death, {Give street and number} No 187 Hughes St

Cause of Death, First (Primary,) Infantum Cholera

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Lutheran Cemetery

Date of Burial, Sept 14

Undertaker, Hercules Zoss

Place of Business 180 Hughes St

L. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12868 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1876

Date of Death, Sept 13 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brown

Sex, Male or Female {Cross out the word not required in this line.} Male

Age, Left four *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} No 104 Franklin St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Disease of Heart — About Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 14th 1876

Undertaker, Jas Gray

Place of Business, Mulberry St

Address 97 Mulberry St

Dr Riddick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12869

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 04 : 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Rebecca Coleman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hartford Co. Md.

Duration of Residence in the City of Baltimore, 12 months

Place of Death, { Give street and number. } No 50 Cross St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Sunday Sept 17th

A Insley *M. D.*
Medical Attendant.

{ *Undertaker,* Brans & Chenault
{ *Place of Business,* 364 Pennsylvania ave *Address* 482 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12870 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13 ~~th~~ - 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Feick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 612 Warner St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 15th 1876

{*Undertaker,* C. Wiegand / *Place of Business,* 53 Druid Hill Ave}

Dr Smith M. D.
Medical Attendant.

Address 108 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 12871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twelve *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 55 North Carey St.

Cause of Death { First (Primary,) Congestion of the Brain
Second (Immediate,) Died Instantly

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Lutheran cemetery

Date of Burial, Sept 15th 11 A M

Undertaker, Richard Hall

Place of Business, 233 E Baltimore St

W. E. Roland M. D.
Coroner E. Side.
Medical Attendant.

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 12872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14-1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Serina Clausen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* (9) Nine *Months,* (3) Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 9 Harman Alley

Cause of Death, {First (Primary,) Entero Colitis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery A. C. McDowell M. D.

Date of Burial, 14 September 1876 Visiting Physician Medical Attendant.

Undertaker, John F. Finch

Place of Business, 265 Pitt corner Front *Address* University Dispensary Green & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12873 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaiah Steinfield

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Drak chestnut *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number. } 127 Stelong Alley

Cause of Death, { First (Primary,) Brain Affection / Second (Immediate,) Convulsions

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 14th

Undertaker, J. Davis

Place of Business, 103 Lee St

John F. Brown M.D.
Medical Attendant.

Address 176 S. Howard St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12874

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick and Margaret Clark

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 15 minutes *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 6 Hull [illegible]

Cause of Death, { First (Primary,) Parsim before delivery
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 16th, 1876

Undertaker, M. [illegible] Unger

Place of Business, 94 S. Broadway

P. G. Dawes, *M. D.*
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 16 1914 BALTIMORE

Date of Death, September 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Wm Gerlach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One Years, 2 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1412 67 Eastern Ave.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, September 16th

Undertaker, A. Rex Ivey

Place of Business, 91 Eastern Ave

L. C. Wurdemann M. D.
Medical Attendant.

Address 12 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12876

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 76

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Gray Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Green Mount Avenue

Cause of Death, {First (Primary,) Hemorhage of the lungs. Second (Immediate,) Consumption}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 15th 1876

Undertaker, Wm. H. Hickman

Place of Business, 2324 St Paul St.

Milton C. Smith M. D.
Medical Attendant.

Address 100 North Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12877

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamish Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 7 ages *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Charles Co. Md.

Cause of Death, {First (Primary,) / Second (Immediate,)} Childbirth / Six Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Friday Sept 15th 1876

Undertaker, Chas. R. Duyer.

Place of Business, 104 East St.

Edwd. S. Pinkett M. D.
Medical Attendant.

Address 127 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12878.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Bergmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} № 193 Fredric Avenue

Cause of Death, {First (Primary,) Pulmonary Phthisis
Second (Immediate,) Pulmonary Abscess

Duration of ~~Last~~ Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 19th

G. Salzer M. D.
Medical Attendant.

Undertaker, Jean P. Paulus

Place of Business, 66 Fayette Ave.

Address 163 E. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 12879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary M. Perry.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, [illegible] *Years,* 1 *Months,* 10 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. 1 Year 7 Mos. 10 Days

Place of Death, { Give street and number. } Cor Freeman & Calhoun

Cause of Death, { First (Primary,) Cholera Infantum, / Second (Immediate,) [illegible]

Duration of Last Sickness, 1 Day.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery Lat. St. Louis

Date of Burial, Sept 15

M. D.
Medical Attendant.

Undertaker, J Bruch

Place of Business, 707 West Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 12886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1916

CERTIFICATE OF DEATH.

Date of Death, September 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine ~~Harris~~ Caroline Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 1346 York St

Cause of Death, First (Primary,) Acute Tuberculosis

Second (Immediate)

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J E Atkinson *M. D.*

Medical Attendant.

Date of Burial, Sept 14 1916

Undertaker, J M Chase

Place of Business, 1918 Eoward St *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be [redacted]acted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during [illegible] or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12881

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* supposed 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 6. Wayne St.

Cause of Death, {First (Primary,) Phisis / Second (Immediate,) Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 14 76

Undertaker, Samuel White

Place of Business, 94 Seward *Address* 106 Shanks

DR. J. H. SMITH SEP 13 1876 BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION — And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12882 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edward Kramer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mount Clare Junction

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Samuel Steiner* M. D.

Date of Burial, Sept 15th 1876

Undertaker, L. B. Cook

Place of Business, 70 W. Balto St *Address* Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Information by Wm A Kramer Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12883, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, the name of parents.} Eliza Parker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Three Months, Twenty two Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 23 9 orleans st

Cause of Death, {First (Primary,) over dose of some narcotic admin
Second (Immediate,) istered by mistake

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 15th 1876

John A. Conner M. D.
Medical Attendant.

{*Undertaker,* [illegible]
{*Place of Business,* [illegible] *Address* 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12884

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shinnar Sandy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty six *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Williamsburg Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Jefferson St.

Cause of Death, {First (Primary,) Softening of the brain / Second (Immediate,) Paralysis}

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Sept 15th 1876

Undertaker, W. Lowndes

Place of Business, 49 S. Howard St

Willis A Taylor M. D.
Medical Attendant.

Address 108 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12885 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

Date of Death, Sept 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hobart Francis Hollz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Clark St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Park.

Date of Burial, Sept 15th 1876

A. Smiley *M. D.*
Medical Attendant.

Undertaker, Bevans & Chamberlain

Place of Business, 364 Pratt Street *Address* 452 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12886 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

Date of Death, September 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Dunan,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 8 *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore. 13 Months

Place of Death, {Give street and number.} 2 1 Holland St.

Cause of Death, {First (Primary.) Paralysis. Second (Immediate.) 4 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 16th 1876

Undertaker, Henry H. Mears

Place of Business. 145 N. Gay St.

J. H. Hook M. D.
Medical Attendant

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

Date of Death, Sept. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Reinisch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 248 S. Broadway.

~~Cause~~ of Death, {First (Primary,) / Second (Immediate,)} Organic Disease of Heart.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loud Camp

Date of Burial, Sept. 15 th

Undertaker, Herald Bank

Place of Business, 17 E. 35 Bank

A. F. Erich M. D.

Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 12888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

8

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

Date of Death, Sept. 11th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Coyne

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, 54. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Co. Mayo Ireland,

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 96 Chesapeake st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Strangulated Inguinal Hernia

Duration of Last Sickness, thirteen days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Sept 13th 1876

John F. Donnelly M.D.
Medical Attendant.

Undertaker, Wm. J. Scriven

Place of Business, 211 N Eutaw st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately f*
out, to the Undertaker or oth[illegible] person superintending the burial, within *twenty-four hours* after the death of said deceased, o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP
15
1876
BALTIMORE MD

Date of Death, Sept 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 15 Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimd

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Cecil St

Cause of Death, {First (Primary.) Cold
Second (Immediate.) Catarrh & Diarrhoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Sept 15th 1876

Undertaker, S. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.

Address Commiss of Health & Regist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rob[illegible] Williams Uncle to deceased

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 515 N Paca st

Cause of Death, { First (Primary,) Dysentery

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, September 16th

Undertaker, J. D. Cook.

Place of Business, 707 W. Baltimore St *Address*

W. H. Spencer *M. D.*
Medical Attendant.

Residence 1 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Kiley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 24 Thames St.

Cause of Death, {First (Primary.) Whooping Cough. Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, ~~Holly~~ Green Mount Cemetery

Date of Burial, Sept. 16th

Undertaker, Frederick Bohn

Place of Business, 36 Thames st

James O. Law M. D.
Medical Attendant.

Address 237 Caster st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12892 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 11,30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B Agnes Corcoran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 hours ~~Days.~~

~~*Color,*~~ White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 70 Albemarle St.

Duration of Residence in the City of Baltimore, 10 hours in the world

Place of Death, {Give street and number.} 70 ~~Albemarle~~ St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 15 1876

A Ellerbe M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
{*Place of Business,* 42 W Fayette

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

Date of Death, Sept 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Kelly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 29 Maryland Ave

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About (5) Five Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 17th 1876

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

G. L. Kilgo M. D.
Medical Attendant.

Address 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 128944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Appleby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alabama

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and number.} 23 Hill St

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery D. P. Hoffman M. D.

Medical Attendant.

Date of Burial, Sept. 16th

Undertaker, J. B. Bachman & Son

Place of Business, 606 W. Balt. St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

Date of Death, Sept. 15th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Tischy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemian country

Duration of Residence in the City of Baltimore, 11 yrs,

Place of Death, {Give street and number.} # 352 S. Caroline St,

Cause of Death, First (Primary,) Yellow Fever

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Ellsworth's.

Date of Burial, Septemb. 16th.

John H. Pehlberger M. D.
Medical Attendant.

Undertaker, Leonhard Kurz

Place of Business, 1 Bond St. N.E.

Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

Date of Death, Sept. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bower

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Barnes

Cause of Death, {First (Primary,) Hypertrophy of the Heart with} {Second (Immediate,) Congestion of the Lungs}

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Woburn Sem'y

Date of Burial, Sept 17

Undertaker, Conrad Keller

Place of Business, 237 Augusta St

Hereford M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Judd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 162 O. Arch[illegible] A.

Cause of Death, {First (Primary,)} Catarrh

{Second (Immediate,)} Cough

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, [illegible] Alpheus Cemetery

Date of Burial, September 16

Undertaker, [illegible]

Place of Business, E. Bond st 151

James [illegible] M. D.
Medical Attendant.

Address 254 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th of Sept. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kunaskuni

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 8 *Days.*

Color, Whi[illegible]

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} In

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Albemarle

Cause of Death, First (Primary,) Colica infantum

Second (Immediate,) Eclampsia

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Lot of

Date of Burial, 17 Sept

Undertaker, [illegible]

Place of Business, 136 E Fayette

[illegible] M.D.
Medical Attendant.

Address 245 E. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Hurd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One Year, Seven Months, 11 Days.

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} 115 Vine St

Cause of Death, {First (Primary,) Catarrh
Second (Immediate,) Spinal Meningitis 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 17. 1896 Ca. A. Mays M. D.
Medical Attendant.

Undertaker, Edward Devine

Place of Business, 2718 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard B Wells

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, 15 Days.

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 351 Franklin st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 351 Franklin st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 17 1876

Jas. M. L. Cook *M. D.*
Medical Attendant.

Undertaker, Yost, Lewis

Place of Business, 568 W Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12901.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Perkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 102 Bolby av

Cause of Death, { First (Primary.) Dentition

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 17th 1876

Undertaker, Armstrong & Sons

Place of Business, 203 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Rumpf

Sex. Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt.

Duration of Residence in the City of Baltimore During life time

Place of Death, {Give street and number.} 315. Jones

Cause of Death, First (Primary.) Indigestion

Second (Immediate.) Convulsions

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician

Place of Burial, St Thomas's

Date of Burial, 17 Sept.

Undertaker, P. Lennert

Place of Business, 317 Mulberry st

Louis (L.) Hirsh M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin City. Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician

Place of Burial, St. Vincents Cemet

Date of Burial, Sept 16th 1876

Undertaker, Arnat & Denny

Place of Business, Light St

Jno Brooke Boyle *M. D.*
Medical Attendant.

Address 161 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12,984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David. J. Bennett.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 2 (o. 2. ainsworth -

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Infantile Marasmus.

Duration of Last Sickness, about 5 or 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 18th 1876

Undertaker, Haughs & Co

Place of Business, 65 S Broadway

W. Osler M. D.
Medical Attendant.

Address No. 2 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Woods

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number.} 157 Harford Ave.

Cause of Death, {First (Primary.) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 18, 76

{*Undertaker,* / *Place of Business,*} John T. Robinson & Co. *Address* 158 Shark St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th Inst. Sept 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Rush Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} N. E. Cor. Pratt and Gay sts.

Cause of Death, First (Primary.) Marasmus following Cholera Infantum

Second (Immediate.) Inanition

Duration of Last Sickness, About four (4) Months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Sept 18th or 19th /76

L. L. Wilkins M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Pisgah & Monument

Address 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1910 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Jones

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, 1 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Pratt

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 17

Undertaker, C H Hazzard

Place of Business, 201 Pratt

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann [illegible]

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 9 Hayes. ct

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, September 17th 1876

Undertaker, William M Lange

Place of Business, 102-104 East St

E A Randolph *M. D.*
Medical Attendant.

Address 151. E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Maria Ann Montgomery

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 78 State St

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Broadway Jones M. D.

Date of Burial, Sept 17th 1876 Medical Attendant.

Undertaker, William H. Dunn

Place of Business, No 104 Centre St. *Address* 164 N. Howard St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustavus E. McCormick

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 91 Elliott St.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 91 Elliott St.

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,) Continued remittent fever.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, September 17th 1876

L. H. Martin M. D.
Medical Attendant.

Undertaker, H. H. Gilmayer

Place of Business, 341 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kisler.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemian Country 7 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 352 S. Caroline St.

Cause of Death, { First (Primary,) Malignant Malarial Fever
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 17th

John H. Rehberger M. D.
Medical Attendant.

Undertaker, H. Schilling

Place of Business, 72 Bond

Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Koenig

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Fema[illegible]

Age, 25 *Years,* [illegible] *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.} Married

~~Occupation.~~

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 22 Thames St

Cause of Death, {First (Primary,)} Yellow Fever

{Second (Immediate,)} four days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, September 18th 1876

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12913

The Physician who attended any person in actual illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Abbot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 80 Block N.

Cause of Death, {First (Primary.) (Typho-Malarial Fever) Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 18th 1876

Undertaker, H. C. Watchman

Place of Business, 158 E. Baltimore St.

James F. McShane M. D.
Medical Attendant.

Address 237 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Christian Krapf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No. 132 Crop-Street.

Cause of Death, First (Primary,) cancer ventriculi

Second (Immediate,) general cachexia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Sept 18 1876

H. Salzer M. D.
Medical Attendant.

Undertaker, C. F. Krause *Address* 165 W. Lombard St.

Place of Business, 204 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} Kaufman's Alley No 1.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept. 18, 1876

Undertaker, C. F. Krause

Place of Business, 204 Hanover

J. E. Hannigan M. D.
Medical Attendant.

Address 321 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ann M Grievy

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Steuners alley

Cause of Death, {First (Primary,) Cerebral Inflamation / Second (Immediate,) Inanition

Duration of Last Sickness, all to life

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 17 1876

Undertaker, Jas F Byrne

Place of Business, East St

James H Lewis M.D.
~~Medical Attendant~~

Address Commis of Health & Regist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John McGrievy Father [MR.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schlegendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 20 Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} House 5th Locust Point

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, September 18th

Undertaker, Hendline Dispal

Place of Business, S. Bond st 157

C. Edward [illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis H Shane

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 29 Pearl St

Cause of Death, {First (Primary,) Whooping Cough; Second (Immediate,) do with Catch in fever

Duration of Last Sickness, Ill about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 18th 76

W Hammond M. D.
Medical Attendant.

Undertaker, Jos Doane

Place of Business, 568 W Balt St *Address* 53 N Paca St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 18 1926 BALTIMORE

Date of Death, September 17, '26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary T Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 79 *Years,* + *Months,* + *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 56 S Republican

Cause of Death, First (Primary,) Cerebral softening

Second (Immediate) Exhaustion

Duration of Last Sickness, (Immediate) 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cem.

Date of Burial, Sep 18th 1876.

Undertaker, Hughes & Co

Place of Business, 551 Fayette

W. T. A. Kemp M. D.
Medical Attendant.

Address 55 W Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12920

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Weis,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} No 236 East Bank St.

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 18th 1876

Nicholas L. Bothell M. D.
Medical Attendant.

{*Undertaker,* H. Stockbush
{*Place of Business,* 246 Eastern Av *Address* 207 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H William Sandfoss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 3 7 S Eutaw St

Cause of Death, {First (Primary.) Malaria} {Second (Immediate,) Congestive Chill - 5 days -}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept. 18 Th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

A. H. Inners M. D.
Medical Attendant.

Address 76 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[REGISTRAR.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Caldwell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Milk dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, about 35 years.

Place of Death, {Give street and number.} 38 Druid Hill Avenue.

Cause of Death, First (Primary,) Old Age.

Second (Immediate,) Paralysis.

Duration of Last Sickness, 5½ months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept. 19th 1876

Undertaker, Jacob Weaver

Place of Business, 38 Druid Hill Ave

Jno Dickson M. D.
Medical Attendant.

Address 261 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12923

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John George Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* 10 *Months,* 12 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Cigar Packer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, { Give street and number. } Cor Spring & Fort Sts

Cause of Death, { First (Primary,) Chronic Bronchitis (Consumption?) / Second (Immediate,) Exhaustion

Duration of Last Sickness, About 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bachmanns Grave J. Oscar Cosgrey M. D.

Date of Burial, Sept 18, 1876. Medical Attendant.

Undertaker, H. Hofmann. *Address* 188 W. Conway St

Place of Business, 63 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Albert Kelley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* 15 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 76 Oak St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Oak St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Sept 18th 1876

Undertaker, Chas T Scriven

Place of Business, 2118 Eutaw St

B. F. Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12925 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Carter Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 3 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 months 3

Place of Death, {Give street and number.} 25 Hillen St

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, three hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Sept 18th 1876

E. [illegible] M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 n Front St *Address* 157 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Cleary

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Had none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} St Vincents Hospital, Balto.

Cause of Death, First (Primary,) Typhoid Fever,

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Trenton N J

Date of Burial,

Chas. A. Smith. *M. D.*

Medical Attendant.

Undertaker, M A Luhrig

Place of Business, 74 E Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 559

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 178 C, Madeira Al.

Cause of Death, {First (Primary.) Second (Immediate.)} Gastro-Intestinal Catarrh

Duration of Last Sickness, Do not Know - Saw the child but once

All the above Information should be furnished by the Physician

Place of Burial, Alfonsis Cemetery

Date of Burial, tomorrow 19th 8 O'clock

Undertaker, John Brown

Place of Business, no 77 Wolf St

James D. H. Shaw M. D
Medical Attendant.

Address 257 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 12928 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Pinnamk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 S. Washington St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Unknown

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, Sept 18 1876

Undertaker, Henry & Co

Place of Business, 1

James A Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Brock Uncle

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12929

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Robt Banks

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* 6 *Months,* *Days.*

Color, C *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Exeter St

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Meningitis
4 wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 18 76

Undertaker, J. W. Shaw

Place of Business, 124 S. Howard St

H. T. Reynolds M. D.
Medical Attendant.

Address 186 August St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Troy.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, Col'd. —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co, Md

Duration of Residence in the City of Baltimore, 30 years,

Place of Death, {Give street and number.} 69 - Wayne St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typho Malarial Fever —

Duration of Last Sickness, 21 days,

All the above information should be furnished by the Physician.

Place of Burial, Mount Ararat Cemetery

Date of Burial, Sept 19 1876

{*Undertaker,* J. R. Crane / *Place of Business,* 190 W Baltimore St}

R. J. N. Tall M. D.
Medical Attendant.

Address 15-8, 9, Shark.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SEP 18 1876 BALTIMORE

SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Murry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Willings Row

Cause of Death, {First (Primary.) Premature Birth / Second (Immediate,) asthenia}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 18th 1876

Undertaker, Jas P. Byrne

Place of Business, Front St

James S. Mears M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Martin Murry father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12952

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Granger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — Years, 10 Months, 1 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} born 232 Montgomery Street - Baltimore

Duration of Residence in the City of Baltimore. Twenty two months & one day

Place of Death, {Give street and number.} 232 Montgomery Street

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetary

Date of Burial, Sept 18th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H. H. Wiley M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12935

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of [illegible].

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty One *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charleville Amund Co Ire

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 772 Hanover Lane

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Seventeen Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 28th Sept

A D Chaney M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, Mulberry St

Address Cor Carey & Franklin Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,934 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Woodard

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, 1 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 So Durham St.

Cause of Death, {First (Primary.) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel C.

Date of Burial, Sept 19 1896

James H Sloan M. D.
Medical Attendant.

Undertaker, W Dippel.

Place of Business, 202 So Bond Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Market

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Silvester

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 5 *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Seaman~~ Brass Finisher 7 years in U.S.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England London

Duration of Residence in the City of Baltimore four weeks

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, {First (Primary,) Meningitis
{Second (Immediate,) Asthenia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Sept 18th

J H Clawson M. D.
Medical Attendant.

Undertaker, H H & G Perry

Place of Business, 448 W Baltr *Address* Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant and named, give names of parents.} Thomas B. Howe, Howe

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 4 *Years,* 5 *Months,* 15 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 Preston St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Spasms

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Grd

Date of Burial, Sept 19th 1876

Richd. McSherry M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 406 Druid Hill Avenue *Address* 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Haskins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 16 Boulden Alley

Cause of Death, First (Primary,) Chronic Diarrhea

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, Sept 19 "1876

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

Chas Fawcett M. D.
Medical Attendant.

Address 93 Wesley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Randall St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic diarrhea

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 18th 1876

Undertaker, Charles F. Herbert

Place of Business, 161 Hanover St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 Years, mm Months, mm Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} mm

Occupation, mm

Birthplace, {State or country (and how long in the United States, if of foreign birth.} mm

Duration of Residence in the City of Baltimore, mm

Place of Death, {Give street and number.} Foot Abrahams Screw Dock.

Cause of Death, {First (Primary,) Unknown to the Insp.
Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, C B Clements

Date of Burial, Sept 16

Undertaker, Charles Struss

Place of Business, North Holeda

V Caldwell Ireland M. D.
Medical Attendant.
Coroner's Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Mc Gabe

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Md Penitentiary

Cause of Death, First (Primary,) (Disease)

Second (Immediate.) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E B P Cemetery

Date of Burial, Sep 18

J. B Bayne M.D
Medical Attendant.

Undertaker, Edwards Stayn

Place of Business, Pratt & Hoxton *Address* 46

168 E Eager st
Ar Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be [illegible]acted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1876

CERTIFICATE OF DEATH.

Date of Death, Sept: 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Serena Chesnut Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ——— *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number.} 29 Mosher St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Romney W. Va.

Date of Burial, Monday Sept 18 1876

Undertaker, A.M. Jenkins & Son

Place of Business, 16 Light St. *Address* 108 Park Ave Balt

F. Wm Ald M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

Transit 760

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Halstead

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* 1 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 266 N. Bond St.

Cause of Death, {First (Primary,) Chronic Perimetritis for three years. Second (Immediate,) Gastric catarrh

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Sept 19th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Funk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 504 Canton ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial. September 19th 1876

Undertaker, M A Daiger

Place of Business. 74 S Broadway

R. L. Hicks M. D.
Medical Attendant.

Address 944 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of the last sickness, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 10, 10 1/2 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Joseph Killmyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years.* 7 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 337 East Lagar St

Cause of Death, {First (Primary,) Consumption
Second (Immediate.)}

Duration of Last Sickness, Fourtein years (as stated)

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 9/20/1876

A Siegesheiger M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shriner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tayler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 82 Lemmert St

Cause of Death, {First (Primary,) Second (Immediate,)} Oedema of the Lungs

Duration of Last Sickness, three days.

All the above information should be furnished by the Physician

Place of Burial, St Johns Cem

Date of Burial, Sept 20th 1876

Abram B Arnold M. D.
Medical

Undertaker, Henry Keogh

Place of Business, 30 Montreal Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} George Shamp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 28 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} III

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. City

Duration of Residence in the ~~City of Baltimore~~, In Institution 17 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First (Primary.) marasmus

Second (Immediate,) asthenia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sep 19. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Walton Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Mulberry St.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 19 1876 Samuel T. Knight M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 11 Fayette St *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Williams.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bel. Inft. Asylum

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) .....

Duration of Last Sickness, Hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 18

Undertaker, C W Blizzard

Place of Business 281 Pearl

C. F. Bruan M. D.
Medical Attendant.

Address 241 Lindman —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Barrenger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 470 E. Fayette St.

Cause of Death, First (Primary,) Typhoid

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery M.E. Ch. Fifth Ward

Date of Burial, Sept 19 1876

Undertaker, Wm Fay

Place of Business, Broadway

L. Hamill, Rock M. D.
Medical Attendant.

Address Balt & Wash. Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Torgesen.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty three *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Boatman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fort Abbot Inda Docks.

Cause of Death, First (Primary,) Drowning.

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Franz Cemetery

Date of Burial, 13 September 1876

Undertaker, John C. Stuck

Place of Business, 26 Alexander

H. C. Leland. M. D.

Medical Attendant.

Coroner E. Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept- 18th- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary, E. Smith-

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years

~~Place of Death~~, {Give street and number.} 300. N. Bond-

Cause of Death, {First (Primary,) Congestion Brain

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 19 1877

Undertaker, Henry Wolfe

Place of Business, 369 W. Baltimore

Wm. E. Purnell M. D.
Medical Attendant.

Address Broadway Institute

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Cavenaugh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 13 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 118 Forrest St

Cause of Death, First (Primary,) Asthenia &c.

Second (Immediate,)

Duration of Last Sickness, about nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery *D. Webster Cathell* M. D.

Date of Burial, Sept 20th 1876 Medical Attendant.

Undertaker, James, P Byrne *Address* 42 E. Exeter St.

Place of Business, No 63 n Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winefred Cooney

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 23 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* F

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 168 S. Central Avenue

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 19 1876

William Lee M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N. Front St *Address* Entaw + Hoffman Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 Sep 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 63 S. Fremont st

Cause of Death, {First (Primary,) Cancer Uterus / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery W. Griffith M. D.

Date of Burial, Sept 19 1876 Medical Attendant.

{*Undertaker,* John S. Mackey *Address* 50 Mechanic st

{*Place of Business,* S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th Sept. 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Weber

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life 7 yrs

Place of Death, {Give street and number.} 20 South Eastern Ave

Cause of Death, {First (Primary,) Diphtheritis gangraenosa / Second (Immediate,) Suffocation

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept. 20. 1896.

Undertaker, Thos Rossini

Place of Business, 136 E Pratt St.

Address 214 S Wash

J Statler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Dougherty

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 47 Cooksie St. L.P.

Cause of Death, First (Primary.) Second (Immediate,) Celiwod, Apoplexy Short

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cemetery

Date of Burial, September 17

Undertaker, Hendlein Dippel

Place of Business, E. Bond st. 151

R. C. Lee M. D.
Medical Examiner
N.W. cor Corner 3D
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17, 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Light

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 6. *Months,* *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 652 W. Pratt

Cause of Death, { First (Primary,) Lobar pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetary

Date of Burial, Sept 19 1876

A. Dietz M. D.
Medical Attendant.

Undertaker, J. S. Cook & Sons. Litsinger

Place of Business, 787 West Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Wootton Worten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 30 Fork St

Cause of Death, {First (Primary.) / Second (Immediate)} Pneumonia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mound Street Cem. Sheridan Cook M. D.

Date of Burial, Sept. 19th 1876 Medical Attendant.

Undertaker, Louis Koehler Address 146 Hanover St.

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th Sept. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grob

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 145 S. Eutaw

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Eclampsia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sept. 19th

Undertaker, Michael Rank

Place of Business, No. 38 Bank St.

Address 241 E. Pratt

H. Thies M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Kenney.

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. } .....

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* .....

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 31 Guilford Av.

Cause of Death, { First (Primary,) Yellow fever?
Second (Immediate.)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, Sept 19 1876

Undertaker, M. H. C. Perry

Place of Business, 148 W. Pratt St *Address* Park Ave & Mulberry St.

Thos. Jay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 12961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

Date of Death, September 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Thoene

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 4 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 24 S Bond st

Cause of Death, {First (Primary.)} Hooping cough

{Second (Immediate.)} Convulsions

Duration of Last Sickness, ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenly Church Bury

Date of Burial, Sept 20/76

Undertaker, Peter Frey.

Place of Business, 91 Eden Av

L C Mudernall M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION . And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L Josiah Pamphon

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* One hour *Days.*

Color, Colored *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 McElderry st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 17 McElderry st

Cause of Death, { First (Primary,) asthma
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Sept 19 1876

{ *Undertaker,* Chas. Sheeper
{ *Place of Business,* Pratt & Chester

E Hochstetter *M. D.*
Medical Attendant.

Address 151 E Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Westly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Two *Months,* 0 *Days.*

Color, Dark brown. *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Two Years

Place of Death, {Give street and number.} No 143 Pierce st

Cause of Death, {First (Primary,) Not Known
Second (Immediate,) Bilious Typhoid Fever

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19th 1876

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St

Wm F Bohm M. D.
Medical Attendant.

Address Cor Dolphin & Robert sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Alexander E. Nicholson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twelve *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 286 East Fayette st

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 266 East Fayette st

Cause of Death, First (Primary,) Concussion of the brain

Second (Immediate,) Effusion of the brain

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Burial Ground

Date of Burial, Sept. 19th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Eay St.

Milton A. Taylor M. D.
Medical Attendant.

Address 150 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Smith, [illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* 7 *Days.*

Color, Blacks. *Sex,* ~~[illegible]~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pauls alley

Duration of Residence in the City of Baltimore, ~~[illegible]~~

Place of Death, {Give street and number.} Pauls alley 17

Cause of Death, First (Primary,) Did not attend

Second (Immediate,) Dont Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19. 1876.

Undertaker, S. S. & Jarvis

Place of Business, 316 E Pratt Ave

L. H. Jones M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y F I L M

Board of Health, City of Baltimore,

Permit No. 12966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Poettinger

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 338 N. Caroline St.

Cause of Death, {First (Primary,) Typho-Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 19th 1876

{*Undertaker,* M. A. Harp

{*Place of Business,* 7 W. Pratt

James T. Shaw M. D.
Medical Attendant.

Address 237 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Renehan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Sixteen *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bolton alley Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bolton alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters ~~Harper St Burying Ground~~ M E Bonic *M. D.*

Medical Attendant.

Date of Burial, Sept 19

Undertaker, J Oldenburg

Place of Business, 262 Pine Av Address No 1 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12918 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Yeisley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 11 Greenmount st.

Cause of Death, {First (Primary,) Apoplexy with Hemiplegia
Second (Immediate,) Asthenia

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 20 th/76

Undertaker, Geo. Schilling

Place of Business, Pisquith & Monument st

A. Brandohn M. D.
Medical Attendant.

Address 25 th N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gatson

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 1 *Months.* ..... *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 25 Constitution St

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ntr Grs

Date of Burial, Sept 29. 76

Undertaker, John J Redmonds *Address* 59 Lutherans St.

Place of Business,

Theodore Lounds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Reif

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 115 Sharp

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Lyndwood Congregations burying ground)

Date of Burial, 21st Sept. Abram Arnold M. D.

Medical Attendant.

Undertaker, Moses Sanggord

Place of Business, 87 Gough St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Sept 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Coates

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty five *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England From childhood

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Cor. Lombard & Gilmor

Cause of Death, {First (Primary,) Carcinoma Disease

Second (Immediate,) Vagina Pelvis

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 21st 1876

{*Undertaker,* Armstrong & Denny

Place of Business, 263 Light St

J. R. Hammond M. D.
Medical Attendant.

Address Cor. Calhoun & Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12972 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R Stevens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Light + Baltimore No 187 Balt

Cause of Death, First (Primary,) Heart } For many years
Second (Immediate,) Disease }

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Sept 21st 1876

Undertaker, Armstrong & Denny

Place of Business.

Danl D Walker M. D.
~~Medical Attendant.~~

Address Corner N & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12973 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Lillian M. Emery,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Thomaston, Maine,

Duration of Residence in the City of Baltimore, Eighteen

Place of Death, {Give street and number.} 47 S. Chester St.

Cause of Death, First (Primary,) Spinal Meningitis

Second (Immediate,) Paralysis

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 21st 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

G. L. Rusk M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12974

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline C. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 281 O. Pond St.

Cause of Death, First (Primary.) Chronic Hepatitis & Gastritis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 21st 1896

Undertaker, W A Daiger

Place of Business, 714 S Bway

Chas. S. Shaw M. D.
Medical Attendant.

Address 234 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12975

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Banaszek

~~*Boy, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cor. Lancaster & Durham sts

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} Cor Lancaster & Durham

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemtry. D. R. W. Mansfield ~~M. D.~~

Date of Burial, 20th Sept 1876 Medical Attendant.

{*Undertaker,* Wm. Nicolaus

Place of Business, 253 S. Ann St. } *Address* 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Dolan

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give street and number.} 42 Lemon St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician

Place of Burial, St. peters.

Date of Burial, 21 of sep.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore st.

Edwd J. Nicholson M. D
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schwab

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemian Country

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 352 S. Caroline St.

Cause of Death, First (Primary,) Typhis Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonzer Cemetery John H. Rehberger, M. D.

Date of Burial, September 19th. 1876 Medical Attendant.

Undertaker, Leonhard Vuyer *Address* 243 Alice=Anna St.

Place of Business, S. Bond Str. No 278.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adam Hinckel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, / *Years,* // *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 63 S. Wolfe

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.) Uremia

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount ~~Hermon~~ Olivet

Date of Burial, 20 Hour o'Clock P. E. Powell M. D.

Medical Attendant.

Undertaker, Jno Braun

Place of Business, 771 Wolfe st *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Salina Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* 0 *Months,* 0 *Days.*

Color, Light Copper Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laboren

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Western Shore Md

Duration of Residence in the City of Baltimore, Seven [redacted] Years

Place of Death, {Give street and number.} No 37 Stockton alley not Known

Cause of Death, {First (Primary,) Paralyses / Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft Cemetery

Date of Burial, Sept 20 1876

Undertaker, W H Chase

Place of Business, No 198 Howard St

W F Bohn M. D.
Medical Attendant.

Address Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto md

Duration of Residence in the City of Baltimore, 74 yrs

Place of Death, {Give street and number.} N. 24 Pearl st

Cause of Death, First (Primary,) Disease Heart

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20 1876

Undertaker, W H Chase

Place of Business, No 1, 8th Howard st

J A Sutton *M. D.*
Medical Attendant.

Address 25 Franklin st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore September 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male infant

Age, ... *Years,* ..... *Months,* Eighteen *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 316 Montgomery St

Cause of Death, {First (Primary,) General debility

{Second (Immediate,) Apoplexy

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20 1876

{*Undertaker,* P. McGrath

{*Place of Business,* No 1 S. Howard St

J. D. Dyer M.D.

Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Le Compte

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 5 weeks ~~Months,~~ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Dept. Asylum

Cause of Death, {First (Primary,) Mal-nutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 20

Undertaker, E. H. Blizzard

Place of Business, 201 Fremont Ave

L. F. Bran *M. D.*
Medical Attendant.

Address 241 Linden Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotizi Wordankian

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 10 yrs

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 63 Philpot St

Cause of Death, {First (Primary,) Typhoid Malaria Fever
Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Caroline St. Cemetery

Date of Burial, Sept 26 1876

James A Lewis M. D.
Medical Attendant

Undertaker, Frank Reinshultz

Place of Business, 60 Philpot St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Sept.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wilhelm Deulanger.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 5 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 273 Canton Av.

Cause of Death, First (Primary,) Hernhoea et Caries oss. auricum; - Ulceratio pulmonum. —

Second (Immediate,) Febris intermitt. quotidiana; Apoplexia.

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, 5th regiment Sect Patapsco Cemetery

Date of Burial, Sept 20th 1876

Robert Gunther, M. D.
Medical Attendant.

Undertaker, C. Eckhart

Place of Business, 269 Canton Ave. *Address* 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20 th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Johnson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 3 - *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number. } 106 N. Green St

Cause of Death, { First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Comm'd

Date of Burial, 21st Sept

Undertaker, P. Timmert

Place of Business, 314 Mulberry St. *Address* 148 Mulberry St

Peter Scudder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Franklin James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S Spring St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, — One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 20th 1876

Undertaker, Wm. H. Dunze

Place of Business, East St

James H Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Christina Scott Edwards

(over)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1876 BALTIMORE

Date of Death, Sept. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No 32 S. Gilmour

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 20th 76

Pembroke Dr. Wemble M. D.
Medical Attendant.

Undertaker, Chas. Grace & Son

Place of Business, 1060 Park St Address 1023 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12988

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan W. Grows

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, — Days.

Color, Colored Sex, Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Pennsylvania Ave

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. H. Holbrook M. D.

Date of Burial, Sept 21 1876 Medical Attendant.

Undertaker, Wm. P. Dorge

Place of Business, No 104 East *Address* Hoi Caroy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Morgan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, ~~Yrs.~~ ~~Mos.~~ ~~Days.~~ 21 Days.

Color, White *Sex.* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 117 Mulberry St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 Mulberry St Baltimore

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Holy Cross burial ground

Date of Burial, 20th Sept 1876

Undertaker, J. J. Byrnes

Place of Business, 54 n Liberty

Jm Howard M. D.
Medical Attendant.

Address 228 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alexander Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nine *Years,* *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 328 North Howard St

Cause of Death, First (Primary,) typhoid

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Catherine Cemetery

Date of Burial, Thursday 9 oClock

Jas Montgomery *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Address 273 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Federica Schumacher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 333 North Central Ave

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 333 N Central Ave

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Carbonic Acid Poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn & Gt Walls

Date of Burial, Sept 20th 18

Undertaker,

Place of Business, Address 181 E Monument St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anne Gottschalk

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 94 Guilford Ally

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) .....

Duration of Last Sickness, About 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens C.

Date of Burial, Sept. 21 1896

H. Hilco M. D.
Medical Attendant.

Undertaker, Henry Block

Place of Business, 39 & Eutaw St. *Address* 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th September 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Williar

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 98 Charles St Avenue

Cause of Death, {First (Primary,) Organic disease of Heart

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 21st 1876

Undertaker, Mushow & Co

Place of Business, 530 Fayette St

C. A. Jones *M. D.*
Medical Attendant.

Address No 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

~~12994~~ 199
Permit No. ~~199~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of September 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Haefner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ~~0 days~~

Place of Death, { Give street and number. } 411 Marion st

Cause of Death, { First (Primary,) Dipthenitis
Second (Immediate,) }

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept 21st 76

Undertaker, Edward Kunkel

Place of Business, No. 60 Park st Address 120 East st. Baltimore

W. H. Holtzman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Bachmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 556 W. Baltimore St.

Cause of Death, {First (Primary,) Enteritis
Second (Immediate,) Eight days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *S. T. Knight* M. D.

Date of Burial, Sept 21 - 1876 Medical Attendant.

Undertaker, Jos. Loane *Address* 112 N. Greene

Place of Business, 558 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Frank

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 17 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 106 Gough Street

Cause of Death, First (Primary,) Typhoid abdominalis

Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 22nd/76

Undertaker, Geo. Schilling

Place of Business Kingsmith & Monument St

Address 245 E. Baltimore St

J. Stothers M. D.
Medical Attendant.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Snowden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 1 *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 6 Peach Alley

Cause of Death, First (Primary,) Brain Affection

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry *J. H. Brown* M. D.

Date of Burial, Sept 21st Medical Attendant.

Undertaker, J. Davis *Address* 176 S. Howard St

Place of Business, 103 Lee St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 '75 BALTIMORE.

Date of Death, September 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight Years, — Months, — Days.

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} Back Basin. Ft of Caroline Jr Wharf.

Cause of Death, First (Primary,) —

Second (Immediate,) Drowning.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Sept 21 '75

Undertaker, Henry Brill

Place of Business, Hanover St 81

D. C. Ireland M. D.
Coroner E. Dist. Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} upper End of Waters Court

Cause of Death, {First (Primary,) Acute Dietrition

{Second (Immediate,) Convulsion

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, H. Pub Cemetery

Date of Burial, Sept 21 1876

Undertaker, H. H. C. Perry

Place of Business, Pratt St

James A Steuart M. D.
Medical Department.

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Ely Smith who was nursing

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Repaupies

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~128 S. Chappel St.~~ Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 128 S. Chappel St.

Cause of Death, {First (Primary.) Tetanus Neonatorum

{Second (Immediate.)

Duration of Last Sickness, Dr Jno Krug

All the above information should be furnished by the Physician

Place of Burial, St. Alph. Cem. James T. McShane M. D.

Date of Burial, Sept 2 1876 Medical Attendant

Undertaker, John Conroy

Place of Business, 77 N. Wolfe St. Address 257 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

No. 1 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 N. Castle St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Anasarca

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alph. Cem.

Date of Burial, Sept 22/76

Undertaker, John Braun

Place of Business, 99 E. Monroe

A. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Bush Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

S A F E T Y

No. 15002

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 131021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 7 76 BALTIMORE

Date of Death, September 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Bruder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 24 Years

Place of Death, {Give street and number.} No 99 North Chapel St

Cause of Death, {First (Primary.) Chronic Rheumatism

{Second (Immediate.)

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician

Place of Burial, St. Alph. Cem

Date of Burial, Sept 22/76

Undertaker, John Braun

Place of Business, 77 N. Wolfe

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 131113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th. September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Notoloski

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — — —

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Posen, Russia, Germany

Duration of Residence in the City of Baltimore, 4½ years

Place of Death, {Give street and number.} Lancaster Street 144.

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions. 2 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Catholic Cemetery

Date of Burial, 27th September 1876

Undertaker, Francis Cramer

Place of Business, 219 Central Avenue

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13 1104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th of Sept. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kilbrand

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 16 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 372 E. Church

Cause of Death, {First (Primary,) Diphtheritic gangrene / Second (Immediate,) Paralysis Cordis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bal. Co.

Date of Burial, Sept. 22. 1876.

Undertaker, Chas. Koerning

Place of Business, 136 E. Pratt

Address 274 S. Sutton

J. Gerhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13005

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Farr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 250 Eastern Ave.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Meningitis

Duration of Last Sickness, Eleven (11) Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 21, 1876

{*Undertaker,* M. A. Days

{*Place of Business,* 74 S. Broadway

A. J. Wilkins M. D.
Medical Attendant.

Address 74 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Wiley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Twenty four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Austria

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } #529 W. Lexington St

Cause of Death, { First (Primary,) Typho-Malarial Fever / Second (Immediate,) }

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cong.

Date of Burial, Sept. 21

Undertaker, C. Hollander

Place of Business, 22 N. Pratt,

L. G. Lemmone M. D.
Medical Attendant.

Address #584 Gay & Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August H. Gibmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 341 Canton Ave.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, September 21st 1876

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton Ave. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Allbear Rust

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 29 Pearl St

Cause of Death, First (Primary,) Whooping cough

Second (Immediate,) " Convulsions

Duration of Last Sickness, Ill about 10 days

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, 22nd 4 O'clock

Undertaker, Jos. Loan

Place of Business, Balto St & Fremont

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physi... ...espectfully Invited to the Remarks Below, and To List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. A. Keys

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life time

Place of Death, {Give street and number.} 137 S. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Ulcerated Placenta Praevia 6 hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd 1876

Undertaker, H. Cockrick

Place of Business, 246 Eastern Av.

J. W. Mansfield M. D.
Medical Attendant.

Address 117 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 22 '76 BALTIMORE

Date of Death, Sept 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kahler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 4 years in U

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 364 N Gay St

Cause of Death, First (Primary.) Accidentally overcome by foul air in a well while Deceased was digging, & falling into water in said well. Drowned.

Second (Immediate.) Asphyxia

Duration of Last Sickness, Sudden death

All the above Information should be furnished by the Physician.

Place of Burial, Balto Ev Md

Date of Burial, Sept 22d 1876

Undertaker, H. Schultheis

Place of Business, & Monument

Edmund R Walker M. D.
Medical Attendant.

Address Corner Pr. & P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Radebach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Co

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 354 N Gay

Cause of Death, {First (Primary.) Accidentally drowning by foul gas in well privy, and then slipping & falling in water} {Second (Immediate.) asphyxia}

Duration of Last Sickness, and death

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Sept 22d 1876

Undertaker, H. Schultheis

Place of Business, E Monument

Edwd F Rowlette M. D.
Medical Attendant.

Address Corner N & O

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Otto Linde

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 252 Montgomery St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) .....

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 22 1876

Undertaker, Otto Linde *Address* 95 S Sharp St.

Place of Business, 252 Montgomery St

A. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13013,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lenhart Hammerbacker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, Wh —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 Years.

Place of Death, {Give street and number.} N. E. cor Eadenhall & Gross Sts

Cause of Death, {First (Primary,) Cirrhosis & Liver, Second (Immediate,)}

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Sept 24th

Undertaker, Henry Brice

Place of Business, Hennetta St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the Rules on the back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Cornelia Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 211 Aisenberg

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,) Dysentery

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 22 1876

Theodore Cole M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Howard St

Address 146 Aisenberg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sinner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 Ridgely St

Cause of Death, {First (Primary,) Adenoid Tissue} {Second (Immediate,) Organic Disease of Heart}

Duration of Last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 23 1876

Undertaker, John S Mackie

Place of Business, Camden St Address 44 Hanover St City

Geo. H. Benson M. D
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Stewart & Maria Stuart

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 45 Lexington alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} asthenia

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemy

Date of Burial, Sept 22 " 1876

Undertaker, John C. Jordan

Place of Business, Park Ave

Address Commiss of Health

M. D.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ann M. Dutton Midwife

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P Canty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 1 *Months,* 4 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk, &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 66 S Bond St

Cause of Death, First (Primary,) Obscure form of Neuralgia & Rheumatism combined

Second (Immediate,) Cardiac Paresis dependent upon Neuralgic pain.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 23rd 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D Webster Cathell M.D.
Medical Attendant.

Address 42 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara V. Bush

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 E. Pratt St.

Cause of Death, { First (Primary,) Cholera Infantis

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Sept 22d 1876

Undertaker, James F Byrne

Place of Business, 163 N Front St

Wm F. Power M. D.
Medical Attendant.

Address 224 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Hester White

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Low Street

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Sept 22nd 1876

Undertaker, Chas Strusser

Place of Business, Pratt St

M. D.

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Priscilla White Grandmother

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1874

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Lyon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 80 Oak St

Cause of Death, { First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Hill Baltimore Co

Date of Burial, Sept 23rd 1874

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address* 248 Madison Ave

Phs S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis 562

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13024

The Physician who attended any person in a fast Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Kirby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore. Duration of her life,

Place of Death, {Give street and number} N. James Lane

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Inflammation of Bowels,

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem.

Date of Burial, Saturday Sept 23

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts

William Boyle M. D.
Medical Attendant.

Address 1[illegible] Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22 nd 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Gladwell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months, Thirteen Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 836 N. Broadway

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 836 N. Broadway

Cause of Death, First (Primary,) Catarrh.

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 23 "1896

W. W White, M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, 22 N. Fayette St *Address* 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Augusta Davis

Sex, Male or Female, { Cross out the word not required in this line. } ——

Age, ——— *Years.* ——— *Months,* Five *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.e Md.

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } No 11 N. Castle

Cause of Death, { First (Primary,) Debility / Second (Immediate,) Congenital Fever.

Duration of Last Sickness, Three days,

All the above information should be furnished by the Physician.

Place of Burial, Lowrd cemetery

Date of Burial, sept 21) 76

{ *Undertaker,* John W. Sachs / *Place of Business,* No 65 S. Wolfe st } *Address* 32 South Broadway

J. R. Hay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 348 S. Bond St.

Cause of Death, {First (Primary,) Typhoid Malarial Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cy

Date of Burial, Sept. 22d 1876

Undertaker, L. Kurtz —

Place of Business,

James A. Steuart M.D.

Address Commrs. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sherman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 108 Ensor Street

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Paralysis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 23 1876

E H Smith M. D.
Medical Attendant.

Undertaker, I. P. Bynum

Place of Business, Front St

Address 57. E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, About September 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Basin

Cause of Death, First (Primary,) —

Second (Immediate,) Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, St Peters C

Date of Burial, Sept 23d 1876.

Undertaker, J Bollenbaugh

Place of Business, 20 E Balto St

R. C. Lee M. D.
Medical Attendant.
Coroner 3 D.

Address N. W. cor. Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* —— *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 427 N Eutaw St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) " "

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 24th 1876

Undertaker, Hughes & Co

Place of Business, 830 Fayette St *Address* 38 Mount Vernon Place

Jno. Lloyd Martin M. D.
Medical Attendant.

HEALTH DEPARTMENT SEP 25 '76 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, September 24th 1876 ..... *M. D.*

Medical Attendant.

{ *Undertaker,* H. M. Gilmeyer ..... *Address* .....
{ *Place of Business,* 341 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Nash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Hanover st

Cause of Death, First (Primary.) Albuminuria

Second (Immediate.) Uremia

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 24th 1876

Undertaker, Thos Fry Penn

Place of Business, 263 Light

H. W. Webster M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett E. Nizer

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Maryland

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 247 North Bond St.

Cause of Death, {First (Primary.) ; Second (Immediate,)} Dysentery

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24th 1876

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

A. F. Esich *M. D.*
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Sidney Kyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 46 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St James Hotel corner Charles & Centre Sts

Cause of Death, {First (Primary,) Ovarian disease; Second (Immediate,) Peritonitis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 24 Sept. 1876

Undertaker, J W Jenkins & Son

Place of Business, 16 Light St

F L Thatcher M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on the other side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Betts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Eng

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 132 N Eutaw St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Ulceration of bowels.

Duration of Last Sickness, over 20 Years.

All the above information should be furnished by the Physician.

Place of Burial, Sept 24 1876

Date of Burial, Green Mt. Cemetery

Undertaker, H. H. Sentkins

Place of Business, *Address*

J Schaeffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Louisa Keys

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Laryngeal Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 23rd 1876

Edwd F. Mitchell M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 55 & 57 Hillen St *Address* 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Clark

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 63 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 296 N. Howard St

Cause of Death, {First (Primary,) Albuminuria.
Second (Immediate,) (Suppression of Urine) Uraemia.

Duration of Last Sickness, 5 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 24th 1876

Undertaker, Henry H. Mews

Place of Business, 415 N Gay St

H. T. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mallony

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Nantucket Mass

Duration of Residence in the City of Baltimore, Sailor in Schooner for many yrs

Place of Death, {Give street and number.} Schooner for many yrs lying in Patapsco River

Cause of Death, First (Primary,) Accidental

Second (Immediate,) fall from mast

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. P Cemetery

Date of Burial, Sept 21 st

Edmd Rw Wilkes M. D.

Medical ~~Attendant~~.

Undertaker, Charles Stevens

Place of Business, Cor Gilmor & Pratt St Address Coroner in P. L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. W Parks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Captain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} University Hospital

Cause of Death, {First (Primary,) Pleuritis
Second (Immediate,) asthenia

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery T. A Ashby *M. D.*
Medical Attendant.

Date of Burial, Sept 22nd

Undertaker, H H & C Derry *Address*

Place of Business, 418 W Baltimore St University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

HEALTH DEPT. SEP 23 '75 BALTIMORE

F E T Y F I L

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Joseph Billington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty Nine *Years,* Ten Days *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single

Occupation, Broom Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No. 20 Laurel St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Bath Cemetery

Date of Burial, Sept 25 1876

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Wm H. Clendinen *M. D.*
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A K S A F

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13038 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Mallonee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B City

Duration of Residence in the City of Baltimore, life -

Place of Death, {Give street and number.} 94 Columbia Ave

Cause of Death, {First (Primary.) / Second (Immediate.)} Pulmonary Consumption

Duration of Last Sickness, 1 Year -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 25th 1876

Undertaker, John Mackin

Place of Business, No 150 Camden St

J. H. Haynes *M. D.*
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ Years, ____ Months, Nine Days.

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} # 36 S. Calhoun st.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 3 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Westminster ~~Hollins~~ Woods J. G. Smith Jr. M. D.
Medical Attendant.

Date of Burial, Sept 23

Undertaker, J B Cook

Place of Business, 407 W Pratt *Address* # 584 W Fayette St.
Baltimore-St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22d. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Lighe

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White,

Married, ~~*Single, Widow* or *Widower,*~~ {Cross out the words not required in this line.} —

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland 25 yrs

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary.) Epilepsy / Second (Immediate,) Fall during an attack,}

Duration of Last Sickness, 12 hours since injury —

All the above information should be furnished by the Physician

Place of Burial, Old Catholic Cemy

Date of Burial, Sept. 23rd 1876

Undertaker, Jas. O. Byrne

Place of Business, Front St

A. L. Wolfe *M. D.*
Medical Attendant.

(Address) Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bladen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} f.

Age, *Years,* *Months,* 2 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 109 Lancaster

Cause of Death, { First (Primary,) Jaundice
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery J. C. P. Bales M. D.

Date of Burial, 22 September 1876 Medical Attendant.

{ *Undertaker,* John P. Finch
{ *Place of Business,* 165 Hillen corner *Address* 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Stern

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male,

Age, 1 *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 155 S. Broadway.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cemetery

Date of Burial, Sept 24th 76

Undertaker, Chas Langrall

Place of Business, 9 Eagle St.

P J Kinnamon *M. D.*
Medical Attendant.

Address 73 East Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 130143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Blk *Years,* 2 *Months,* *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Short St.

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jno. P. Bates M. D.

Date of Burial, Sept. 23d 1876 Medical Attendant.

Undertaker, William A. Lange *Address* 73 E. Baltimore

Place of Business, 110 104 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the [illegible]

Board of Health, City of Baltimore,

Permit No. 13454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Travers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Montgomery St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cerebral Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 24 1876

James A Steuart M. D.
Medical Examiner

Undertaker, S. H. Chase

Place of Business, S. Howard St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Travers Mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Watts

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number.} #39 Marion Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, Sept 23/76

Undertaker, Vincent H. Pearce

Place of Business, 30 Paca St.

Dr. Owings M. D.

Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

Date of Death, Sept. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Groskop

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Donohue's Court

Cause of Death, {First (Primary.) Pernicious Remittent Fever

{Second (Immediate,)

Duration of Last Sickness, Do not Know Saw her 3 times previous to death

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cemetery

Date of Burial, Sept. 24th 76

Undertaker, J. Brown

Place of Business, S. Holf St.

James D. K. Shaw M. D.
Medical Attendant.

Address 252 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21- 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 2 months, ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lombard St Infirmary. Lift.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Prot. Inft. Asylum

Cause of Death, First (Primary,) Congestion of Lungs. & Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Sept 23

Undertaker, C H Blizzard

Place of Business, 201 Pen av

C. F. Brune M. D.

Medical Attendant.

Address 241 Linden Av & Laurel.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Burkett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 319 Hamburg St. Dispensary

Cause of Death, {First (Primary,) ... Second (Immediate,)}

Duration of Last Sickness, About 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 24 1876

{*Undertaker,* A J McChase
Place of Business,

L. H. Whelan M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Rosina B. W. Melchoir.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 9 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Columbia St.

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept. 24 th

{*Undertaker,* Ph. J. Dill

Place of Business, 183 Columbia Ave

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

Date of Death, Sept 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Snack

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* Five *Months,* Eight *Days.* 16

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 366 East Madison St.

Cause of Death, {First (Primary,) Catarrhal; Second (Immediate,) Malignant scarlatina fever

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24th 76

Undertaker, Geo. Schilling

Place of Business, Virginia & Monument sts *Address* No 100 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, n Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13.051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ 15 *Months,* ____ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Wayne St.

Cause of Death, {First (Primary,) Teething. / Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wash'n Cemetery

Date of Burial, Sept 24 1876

Undertaker, [illegible]

Place of Business, [illegible]

L. B. White M.D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Blades

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Thirteen

Place of Death, {Give street and number.} 109 Lancaster

Cause of Death, {First (Primary,) Typho-malarial fever

Second (Immediate.)

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, St Mychael Cemetery

Date of Burial, 24 September 1876

Undertaker, [illegible]

Place of Business, 165 [illegible] *Address* 73 E. Baltimore.

J. W. P. Bates M. D.
Medical Attendant.

SEP 24 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 13053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22d September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Mayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years.* 8 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holzen Germany

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} 612 N. Eutaw St. Baltimore

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Hamilton Cemetery Dr. G. Lawson M. D.

Date of Burial, Sept 24th 1876 Medical Attendant.

Undertaker, C. Eckhardt

Place of Business, 209 Canton Av. Address 232 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. ~~A 645~~ 13054 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd/76 ~~Aug 16~~ ~~Aug 22~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 6 *Months,* 0 *Days.*

Color, Dark brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Penn

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} No 169 Bond st

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount [illegible] Balto

Date of Burial, Sept 24 1876

[illegible] *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* Cor Dolphin & Pop sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the **full** name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 39 Warren St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Sept 24 1896

Undertaker, H. W. Jenkins

Place of Business, 16 Light St

Address 134 S. Sharp St

S. Adler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Campfer

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 55 *Years,* *Months,* *Days.*

Color, C *Sex,* M.

Married, ~~Single, Widowed or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 64 W. Barbel st

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate.) Cerebr. Paralysis
18 mon.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Septem 6. 24

{*Undertaker,* Hercules Colls
Place of Business, 180 Mc Sys J

H. F. Kennedy M. D.
Medical Attendant.

Address 186 Augusta st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Sept 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Donald

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Dec 1st

Place of Death, { Give street and number. } Corner Calhoun & Fayette N. W.

Cause of Death, { First (Primary,) Inanition

{ Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 25th

J. H. Hodges *M. D.*
Medical Attendant.

{ *Undertaker,* Wm. M. Leonard & Son
{ *Place of Business,* 182 W. Baltimore St *Address* Cor Fayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Hodges

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13058.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Horse Shoe Nail Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Greenock Scotland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} Nr 2185 Fremont St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Stomach

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Patrick M Hoole M. D.

Date of Burial, Sept 25th 1876 Medical Attendant.

{*Undertaker,* Julius Koehler / *Place of Business,* Cor Harper Cross sts} *Address* Nr 233 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to Rules of the Board.

Board of Health, City of Baltimore,

Permit No 13059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen A. Hickman

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Born Lived

Place of Death, {Give street and number.} 65 Cathedral St.

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate.) Congestion of Brain

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 25th 1876

Undertaker, Thos. L. Hinkley

Place of Business, 59 Cathedral St.

Chas. Swanson M. D.
Medical Attendant.

Address 59 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special ... Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Bumpman Keene

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* Seven *Months,* one *Days*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 31 Mound St

Cause of Death, { First (Primary,) Meningitis / Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Harford Co.

Date of Burial, Sept 26th 1876

{ *Undertaker,* D. P. Paules

{ *Place of Business,* 66 Frederick Av.

J. G. Smithiemm M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 563.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Elizabeth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 60 Aunt Margaret

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 24th 1876

Edwin A. Fowler *M. D.*
Medical Attendant.

Undertaker, John W. Lesh

Place of Business, 52 S. Wolfe St *Address* 166 Jefferson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13.062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Whiting

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 S. Durham

Cause of Death, {First (Primary,) Typho-malarial Fever. / Second (Immediate,) Seven Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery J. W. P. Bales M. D.

Date of Burial, Sept. 24 1876 Medical Attendant.

Undertaker, Mr. Kraluk

Place of Business, Shut St. *Address* 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1870

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Heiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Home Shriver Road Nr.

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept. 25th 1870

C. Edward Miller *M. D.*
Medical Attendant.

Undertaker, Chas. Bair

Place of Business, 252 West Fayette *Address* 142 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...OF PHYSICIANS IS RESPECTFULLY INVITED TO the REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Sept 23rd 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Leinbach

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or ~~Female~~

Age, 4 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Widow~~ or ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland —

Duration of Residence in the City of Baltimore, 4 years 10 months

Place of Death, {Give street and number.} 267 E. Wolf St

Cause of Death, {First (Primary.) diphtheria

{Second (Immediate,) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, September 25.

{Undertaker, Leonhard Zurr

{Place of Business, 1 Bond St. & Ave.

Horace B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T ... Physicians is respectfully invited to the remarks below, and to list of diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Schumak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nagel, Town, Germany.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} # 299 S. Ann St.

Cause of Death, { First (Primary,) Typho-Malarial or ?
Second (Immediate,)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Burial

Date of Burial, 25th Monday 4 P.M. John H. Rehberger, M. D.
Medical Attendant.

{ *Undertaker,* John Brown
{ *Place of Business,* No. 17 Wolfe *Address* 243 Alice-Anna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13066

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1896 BALTIMORE

Date of Death, 23th. September 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Ermer

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During Lifetime.

Place of Death, {Give street and number.} Barton Street 106

Cause of Death, {First (Primary.) Dentitia

Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetay

Date of Burial, Sep 25th 1896

Undertaker, H Froehlich

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfert. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Ivory alley

Cause of Death, {First (Primary.) ... / Second (Immediate,)} Consumption

Duration of Last Sickness, 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cem'y

Date of Burial, Sept 26th 1876

James A Steuart M. D.
Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, Fenelby St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Lydia Mathews Cousin

[OVER.]

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Watkins.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 mos Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pork. Ir. Ft. Asylum

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 25th

Undertaker, C. H. Blizzard

Place of Business, 201 Penn ave

C. F. Brun M. D.
Medical Attendant.

Address 241 Lombard ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to Law of Disease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, '64 ~~George Gray Sr.~~ Sept 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gray Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 16 *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Maternity Hospital. 163 N Lan

Cause of Death, First (Primary,) had his arm cut off by accident.

Second (Immediate,) Shock from accident.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park

Date of Burial, Sept 25th 1876

Undertaker, J Schultis

Place of Business, 123 Mulberry St

W. W. Rader M. D.
Medical Attendant.

Address 163 N Lanvale.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 13070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richards

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} A. A. County Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 81 N. Durham St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemty

Date of Burial, Sept 25th 1876

Undertaker, John W Locke

Place of Business, Wolf St

James H Steuart M. D.

Address Commissioners of Health

Hospt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Healy Friend

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kalb

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 246½ Columbia ave

Cause of Death, {First (Primary,) Organic Cardiac Disease (?)
Second (Immediate,)

Duration of Last Sickness, Two weeks (?)

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery C. C. McDowell M. D.

Date of Burial, 26 Sept 1876 Disp. Physician

Undertaker, Duffy & Feller *Address* Green and Lombard Sts

Place of Business, Corner Henry and Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1876 REGISTRAR

Date of Death, September 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Stamer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line,}

Age, One *Years,* 4 *Months,* 1 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} #319 N Bond St

Cause of Death, {First (Primary,) Scarletina; Second (Immediate,) Septicemia}

Duration of Last Sickness, One month + two days

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, September 26. 76

A Hartman *M. D.*
Medical Attendant.

{*Undertaker,* Geo T. Newman
Place of Business, 201. E. Madison St

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine Peacock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} In U S

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 Eager St

Cause of Death, {First (Primary.) Typhoid Fever} {Second (Immediate,) Double Pneumonia}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept - 25. 76

Undertaker, John I Redmayer

Place of Business N E Cor Fremont and Monument St

Geo. P. Reynolds M. D.
Medical Attendant

Address 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia L. Stumer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 57 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Luzn Ann Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 1114 E. Monument St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Sick 10 years - Dd 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 25 1876

Undertaker, W a Darger

Place of Business, 704 N Broadway *Address* 224 Carrollton Ave

Jno. F. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Sherry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Mulberry street

Cause of Death, {First (Primary,) Typhoid Malarial Fever / Second (Immediate,)}

Duration of Last Sickness, 36 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sep 25th 2 PM

Undertaker, Hughes & Co

Place of Business, 53'0 Fayette St

H Darling *M. D.*
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie McAnany

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Hudson alley

Cause of Death, First (Primary,) Entero- Colitis

Second (Immediate,) " "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 25 September

Undertaker, Henry Hoeck

Place of Business, 309 Central Av *Address* 307 Madison Av

B. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13077.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mazette

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her Whole life

Place of Death, {Give street and number.} 140 N Fremont St

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) do Spasm

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, 26 Sept

Undertaker, [illegible]

Place of Business, 311 [illegible]

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS HEREBY CALLED TO THE ACCOMPANYING BLANK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Ruppell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 100 Pierce

Cause of Death, {First (Primary.) Cholera Infantum
Second (Immediate.)} Marasmus.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Aphonsus

Date of Burial, Sept 25th

Undertaker, Kummel

Place of Business. Hicks Bros

Louis (his) Ford M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th of Sept 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Maryland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ω

Occupation, ∞

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ∞

Place of Death, {Give street and number.} 153 Lower St. Baltimore

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,)

Duration of Last Sickness, Dead on Arrival

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept. 24. 1876.

Undertaker, Chas. Russing

Place of Business, 136 E. Fayette

R. R. Weltmand M. D.

Medical Attendant.

Address 120 Saratoga St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Piper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 13 Months, Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 266 Ramsay st

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Spasm

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County F. F. Benson M. D.

Date of Burial, Sept 26 Medical Attendant.

Undertaker, S B Cook

Place of Business, 707 West St Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,081.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

Date of Death, September 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dreiling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 20 yrs.

Place of Death, {Give street and number.} 246 S Durham

Cause of Death, {First (Primary,) Typhus Fever, Typho-Malarial fever / Second (Immediate,) do / Exhaustion

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician

Place of Burial, W. Carroll Dr. Dorsey *M. D.*

Medical Attendant.

Date of Burial, Sept 26 1876

Undertaker, Henry Bein *Address* 84 E Fayette St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Murray —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 112 N. Regester St —

Cause of Death, {First (Primary,) ____ Second (Immediate,) Epilepsy

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept. 25th 1876

Undertaker, William A. Lewis

Place of Business, No 104 East St. *Address* 132 N. Gilmor St.

J J Fry *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen J. Gray

Sex, Male or Female, {Cross out the word not required in this line.} fem

Age, 6 *Years,* 0 *Months,* 22 *Days.*

Color, — *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna -

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 329 Cathedral st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Sept 26th 1876

A L Campbell *M. D.*
Medical Attendant.

Undertaker, Wm. J. Scriven

Place of Business, 271 N. Eutaw st *Address* 129 W Biddle st

(Transit 564)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Atkins,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 C *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown.

Occupation, do

Birthplace, {State or country (and how long in the United States, if of foreign birth.} do

Duration of Residence in the City of Baltimore, do

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, {First (Primary,) / Second (Immediate,)} Intemperance

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Sept. 26th 1876

J. M. Hood M. D.
Medical Attendant.

{*Undertaker,* C. Shuster
Place of Business, Pratt St.} *Address* 55 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and occupation (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarice Realy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Eight *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 99 S. Washington St

Cause of Death, {First (Primary,) Teething. Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Sept 26 76

Undertaker, ____

Place of Business, 84 N Broadway

Milton A Taylor M. D.
Medical Attendant.

Address 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13186

The Physician who attended any person in a fatal Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knaus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* 14 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria – 37 years

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 19 St. James st –

Cause of Death, {First (Primary,) Dyspepsia / Second (Immediate,)}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 27th 1876

Undertaker, Henry Koerth

Place of Business, Central av.

James A Steuart M. D.

Address Commissr of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information George Knaus his Son

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 76,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Herbert Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 3 *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 Wellington

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Enteritis

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 27.

Undertaker, H Brill

Place of Business, Hanover & Lombard Sts *Address*

L. Herbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1876 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 103 Hill St.

Cause of Death, First (Primary,) Bilious Fever

Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 26 76

Undertaker, Samuel H Shaw

Place of Business, 191 Shawmut St

R. M. Hall *M. D.*

Medical Attendant

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

Date of Death, Sept 24: 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rock River A. A. Co Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 7 Bartlett St

Cause of Death, {First (Primary.) Paralysis / Second (Immediate,)}

Duration of Last Sickness, 4 Days.

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26: 1876

{*Undertaker,* Samuel McShane / *Place of Business,* 191 Shamrock} *Address* 379 W Lombard St

A. L. Shriver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 130911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1911 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Dyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 329 William St

Cause of Death, {First (Primary.) Asphyxia

{Second (Immediate.)} Accidental

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Hollywood.

Date of Burial, 26th September,

Edmund Cook M.D.
Medical Attendant.

{*Undertaker,* Julius Kopchka
{*Place of Business,* Cor Sharp & Pratt Sts

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Found Dead Sept 25th '76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hilgert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 12 years in U.S

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Guy's Hotel

Cause of Death, {First (Primary,) Cause unknown to jury

Second (Immediate,) but not foul play (Cor. jury verdict

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 26th 1876

Undertaker, John L. Weaver

Place of Business, # 224 W. Fayette St

Edmund Kerchner M. D.
Medical Attendant.

Address Comm. n. C. 2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

Date of Death, Sept 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rumsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Home Duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 244 Lombard St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, a Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'm

Date of Burial, Sept 27th 1876

Undertaker, Chas. Schum

Place of Business, 271 N. Eutaw St

W. F. Mundell M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13093 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

Date of Death, Sept 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willy Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} Home & No Friendless

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) "

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ Cem

Date of Burial, Sept 26th 1876

J. McG. Harrison M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 46 Druid Hill Avenue *Address* 69 Centre Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 130194

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26 - 1876 Woolford

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ed. ~~Hughes~~

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 24 *Days.*

Color, White ~~Slave~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 17 Bank St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md. J. W. P. Bales M. D.

Medical Attendant.

Date of Burial,

Undertaker, W. A. Daiger

Place of Business, 74 S B'way *Address* 73 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 575

[OVER.

Board of Health, City of Baltimore,

Permit No. 13195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, Sept 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank F. A. R. Weinhold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 yrs 11 m 16 d Baltimore

Place of Death, {Give street and number.} 222 Hollins

Cause of Death, {First (Primary,) Marasmus / Second (Immediate.)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 26th 1876

Undertaker, Wm B Lusk

Place of Business, No 707 N Baltimore Street

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} James Ballock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chaplain Minister

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 403 Lexington St

Cause of Death, {First (Primary.) The infirmity of age
Second (Immediate,)}

Duration of Last Sickness, Has been failing for one year

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 27 1876

Undertaker, Sylvester Snyder

Place of Business, Baltimore Weapons

M Hammett M. D.
Medical Attendant.

Address 63 N Paca St
Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 — 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Berger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty-two *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 2073 Lemmon St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Remsby Sweet Home

Date of Burial, Wensday the 26 Sept

Undertaker, Peter Bennett

Place of Business, 301 Mulberry st

D L Rucker *M. D.*
Medical Attendant.

Address 29 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13098.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday night Sept 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kay Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 53 Patterson

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Coma the attended state of the Nervous System

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept 26 1876

Undertaker, Wm Fry

Place of Business, 54 & Russ

J C Thomas M. D.
Medical Attendant.

Address 38 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Rees.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~22~~ 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 72. yrs.

Place of Death, {Give street and number.} N. W. Cor. Chew & Wolf. Sts.

Cause of Death, First (Primary,) Chronic Diarrhoea &

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Sept 27/76

M. B. O'Reilly M. D.
Medical Attendant.

Undertaker, Murphy.

Place of Business, 54 N Broadway *Address* 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13110 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 00

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unknown (C. G.)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 8 about *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, {First (Primary,) Coma / Second (Immediate,) Convulsions}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Sept 25 th

Undertaker, A H & C Perry

Place of Business, 1418 W Balt st

T. A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, ~~to~~ furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lee Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 13 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 15 N. Arch

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Bronchitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 27th 1876

Undertaker, John L Thacher

Place of Business, No 150 Canton

A. N. Gilman M. D.
Medical Attendant.

Address 106 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who nttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Elizabeth Wilson.

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, { Give street and number. } 108 Monument Street.

Cause of Death, First (Primary,) Lobular Phthisis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Shrine of Loyola

Date of Burial, Sept 27th 10 AM

Undertaker, Thos O'Laughlin

Place of Business, 118 E Balto Address 118 E Balto St

W. H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who nttended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalie Steele

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} 747 W. Baltimore St.

Cause of Death, First (Primary,) "Consumption."

Second (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, September 27.

S. T. Knight M. D.
Medical Attendant.

Undertaker, Rush

Place of Business, west Balto st *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13104 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th " 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Greene

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Essex Co. Va.

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 111 S. Dallas St.

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Anasarca

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26th " 1876

Undertaker, John H. Coates

Place of Business, 53 S. Wolf St

G. Glanville Rucks M.D.
Medical Attendant.

Address Balt. & Mar. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Libbley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Federal Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 27th 1876

Undertaker, Chas I Scriven

Place of Business, 241 N Eutaw St

W. B. Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Missouri H. Pearson

Sex, Male or Female, {Cross out the word not required in this line.} F'r Male

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 122 Great Hughes St,

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mathews Co Va

Date of Burial, Sept 27th 1876

Undertaker, Armistead & Sons

Place of Business, 263 Light St

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(transit 366)

[OVER.]

...remains is respectfully invited to the remarks below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Work.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 124 Henrietta St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Trismus Nascencium 5 or 6 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Louden Woork Cemetry

Date of Burial, Sept. 27 ter

Undertaker, Henry Brice

Place of Business, Henrietta St 81

R. J. A. Tate M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 13108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 5p m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dietrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 0 *Months,* 0 *Days.*

Color, With *Sex,* Fimale

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Backer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 336 South Bond St

Cause of Death, First (Primary,) Hard = desice

Second (Immediate,) ~~Dropsy~~.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Canton Mount Reform Cemetery

Date of Burial, 27 September 1876 John J. Fitzer. M. D.

Medical Attendant.

Undertaker, John C Schuck

Place of Business, 265 Aliceanna Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Sept 2d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James Henry Lee

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Blk

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. 11 days

Place of Death, {Give street and number.} 26 Vine st

Cause of Death, {First (Primary,) ?

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Linwood Eshman *M. D.*

Medical Attendant.

Date of Burial, Sept 26 '76

Undertaker, Peter Lyle *Address* 249 Lexington st

Place of Business, 1163 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Tinly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 6 Walnut alley

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Ground

Date of Burial, Sept 27th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St *Address* Franklin Cor. Sharp St

Samuel Andrews *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10h 15m P. M. 26th September, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannie Rutledge

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty-Three *Years,* Eight *Months,* Twenty one *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 years - 8 months & 21 days

Place of Death, {Give street and number.} 112 Dolphin St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " "

Duration of Last Sickness, Fourteen days (14.)

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Sept - 28th

Wm. J. Worth M. D.
Medical Attendant.

Undertaker, Chas. Scarin

Place of Business, N. Eutaw - St. *Address* 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Gormley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 785' west Baltimore St.

Cause of Death, {First (Primary,)} Tuberculosis

{Second (Immediate,)} Phthisis Pulm. Dropsy

Duration of Last Sickness, Over 20 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Sep 27 th 1876

Undertaker, Hughes & Co

Place of Business, 850 Fagan St *Address* 274 Hollins St.

J. Jno Stout M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13113 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, September 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luther Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 11 *Months,* 28 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 63 Hollins St.

Cause of Death, First (Primary,) Gangrene of lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 28/76

Undertaker, J Godfrey Jr

Place of Business, 41 Hanover St.

J H Wilson M. D.
Medical Attendant.

Address 757 Wash. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Nadolsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Poland

Duration of Residence in the City of Baltimore, three years

Place of Death, {Give street and number.} N W Corner of Lancaster & Durham sts

Cause of Death, First (Primary,) Yellow fever

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemet

Date of Burial, Sept 21 "1876

Undertaker, F Krauser

Place of Business, 219 Portland ave

L C Nudermuk M. D.
Medical Attendant.

Address 12 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of stillbirths and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13115 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilian Rebecca Kaufman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Four *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 158 Down St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three " weeks "

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 28 1876

Thomas Opie M. D.
Medical Attendant.

Undertaker, Geo Schelling

Place of Business, Monument St *Address* 396 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 50 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} 77 Pierce street

Cause of Death, {First (Primary.) / Second (Immediate.)} Heart disease

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27: 76

Undertaker, S. W. Chubb

Place of Business, 43 Hanover st

H. Dunlap M. D.
Medical Attendant.

Address 143 Mulberry East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Wanner

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, Four *Years,* 8 Years *Months,* *Days.*

Color, Boy Sex, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 283. Mt Dorcas St

Cause of Death, First (Primary,) Congs -

Second (Immediate.) Diptheria

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, Sept 28/76

Undertaker, Murfey

Place of Business, 54 N Broadway

E. M. Gordon *M. D.*

Medical Attendant.

Address 166. Jefferson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 20 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, Thrush

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 27. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Martin Brown M. D.
Medical Attendant.

Address 201 N. Bidden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13119 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of Baltimore~~ In Institution 15 days.

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary.) marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 27. 1876

Undertaker, Saml Bowyer

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Bidale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,

Date of Death, Sept 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Federal St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. *Date of Burial,* Sept 28th 1876

W. W. Browne M. D.
Medical Attendant.

Undertaker, Chas S. T. Scriven *Address* 307 Madison Av

Place of Business, 271 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,121.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Hampson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 11 S. Regester St.

Cause of Death, First (Primary,)

Second (Immediate,) Erysipelas, Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemty

Date of Burial, Sept 27 1876

Undertaker, M. Daiger

Place of Business, Broadway

Frank L. Dutill M. D.
Medical Attendant.

Address 21 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerrd McCaffery Zimmerman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 375 Franklin St

Duration of Residence in the City of Baltimore, born here

Place of Death, {Give street and number.} 376 Franklin St

Cause of Death, { First (Primary,) Burns

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 27 1876

{ *Undertaker,* Jas I. Chalmers

{ *Place of Business,* Penn Ave

W H Grim M. D.
Medical Attendant.

Address 183 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Von Bokern

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 36 Thames St.

Cause of Death, {First (Primary,) Senile Decay

{Second (Immediate,)

Duration of Last Sickness, Confined to bed 1st days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, 28 September 1876

{*Undertaker,* Wm L Schuck

{*Place of Business,* 265 Aliceanna

James J. R. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 13124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary A Clendenien

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty nine *Years,* Seven *Months,* Ten *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 169 Druid Hill Avenue

Cause of Death, {First (Primary,) ... Second (Immediate,)} Cancer of Stomach.

Duration of Last Sickness, About twelve months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, September 27th 1876

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave

H Thatcher M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker *or* other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th of Sptbr.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George S. Fleischmann

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 years *Years,* 9 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tinsmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 144 Forrest St.

Cause of Death, { First (Primary,) Asthma
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Lutheran Cemetery Harford Road

Date of Burial, Sept 29th

Fred. Hoffs M. D.
Medical Attendant.

{ *Undertaker,* Geo. Schelling
{ *Place of Business,* Aisquith & Monument st *Address* /

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sophia Adler.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty five *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} No. 18 Brune St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption.

Duration of Last Sickness, Eight years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27 Sept.

Undertaker, J. E. Limmer

Place of Business, 311 Mulberry St.

J. C. Reid M. D.
Medical Attendant.

Address 245 Saint St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Augusta Bondy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four years & 3 Mon Years, *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Decker St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.) Asphyxia from the Gangrous form.

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem Wm Whitridge M. D.

Medical Attendant.

Date of Burial, Sept 27th 1876

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Info.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore. 25 Years

Place of Death, {Give street and number.} 346 Hanover st

Cause of Death, {First (Primary.) Second (Immediate.)} Cancer of Uterus 9 months

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician

Place of Burial Mt. Olivet

Date of Burial,

Undertaker, Mackey

Place of Business, Camden st

Geo. H. Dennis M. D.
Medical Attendant.

Address 144 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

SEP 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Barrington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Arlington Av. near Smith St.

Cause of Death, First (Primary,) Scarlet

Second (Immediate,) Intussusception Peritonitis

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28th 1876

Undertaker, Thompson

Place of Business, 65 Mulberry St

Leon Baldwin M. D.
Medical Attendant.

Address 137 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Sept. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Turner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Barber Co. Alabama

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No 40 Biddle st.

Cause of Death, First (Primary,) ——

Second (Immediate,) Typhoid fever

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pul Cemetery F. B. Gardner *M. D.*

Date of Burial, Sept 28th 1876 Medical Attendant.

Undertaker, M. H. C Perry

Place of Business, Pratt St *Address* 121 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Kaum

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 10 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 60 S. Wolfe

Cause of Death, {First (Primary,) Acute desquamative Nephritis supervened

{Second (Immediate,) induced by exposure after an attack of Scarlatina

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alph Am

Date of Burial, Friday 10 (10) Am

Undertaker, John Brun

Place of Business, 77 Wolf St

Pierre G Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Deinlein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 S. Chapel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Bowels ?

Duration of Last Sickness, one month

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Sept 28 1876

Undertaker, John Braun

Place of Business, 77 Wolf St

M. D.

~~Medical Examiner.~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...rd of Health, City of Baltimore,

Permit No. 13133 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grus cop

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 7 Bradford alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 28th 1876

Undertaker, John Braun

Place of Business, 77 S. Wolf St

Address Commissioners of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Foxwell,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth, M

Place of Death, {Give street and number.} 181 Bank St.

Cause of Death, First (Primary,) Malignant Remittent Fever,

Second (Immediate,) Meningitis,

Duration of Last Sickness, One week,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Septem 28" 1876

G. Glanville Rusk, M. D.
Medical Attendant.

Undertaker, W. A Daiger

Place of Business, 74 N. Bond

Address Balt. & Wash. R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnston.

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 4 Pine Alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Sept 29th 1874

{*Undertaker,* Wm A. Lange
Place of Business, No 119 East St

Frank Gunn *M. D.*
Medical Attendant.

Address 57. N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J Schmingen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Arlington Avenue

Cause of Death, {First (Primary,) Capilary Bronchitis / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, 29 Sept

Undertaker, J P Kummert.

Place of Business, 311 Mulberry St.

W Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1876

Date of Death, Sept 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Schuyler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 253 S. Broadway

Cause of Death, {First (Primary,) Bilious Remittent Fever
Second (Immediate,) Post partum Leucorrhoea

Duration of Last Sickness, 7 days Nearly 2 mos.

All the above information should be furnished by the Physician

Place of Burial, St Paul's Cemetery

Date of Burial, Sept 28th 1876

Undertaker, C. E. Schultz

Place of Business, 165 Aliceanna

Dr C. Edward Miller *M. D.*
Medical Attendant.

Address 243 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

Permit No. 5138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bessie Sweeney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 Lancaster St.

Cause of Death, {First (Primary.) Typho Malarial Fever

{Second (Immediate,)

Duration of Last Sickness, About 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 24 1876

Undertaker, M. A Daigler

Place of Business, Broadway

James S. McShane M. D.
Medical Attendant.

Address 257 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1876 BALTIMORE

Date of Death, Sept 23 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon Keeper (Lager Beer)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 24 Fell St

Cause of Death, {First (Primary.) / Second (Immediate.)} Typho Malarial Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 24 "1876

Undertaker, Henry Frochlich

Place of Business, Canton Ave

Address Commrs of Health

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Officer D. W. Sinskey

[OVER.]

ard of Health, City of Baltimore,

Permit No. 13140 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Henson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bummer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Union St

Cause of Death, {First (Primary,) Intemperance

{Second (Immediate,) "

Duration of Last Sickness, ~~2 Days~~ 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28th 1876

M. D.

Undertaker, Wm Thos Gray

Place of Business, Mulberry St *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen A. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 10 *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 5 years 9 Month & 10 days

Place of Death, {Give street and number.} 268 Aisquith st

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) Renal Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, Sept 29 1876

Undertaker, Wm N Dungan

Place of Business, No 104 east st

Wm. L. Simms M. D.
Medical Attendant.

Address 1 Bromley & Jno Dixon st

SEP 29 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, 27th September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Maskell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 S. Stricker St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 29th Sept

P. H. Benson M. D.
Medical Attendant.

Undertaker, Wm. M. Leonard Son *Address* 187 Hollins St

Place of Business, 782 W. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore Sept 28th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58. *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co. Md.

Duration of Residence in the City of Baltimore. 7. Years.

Place of Death, {Give street and number.} ~~2 Cross alt~~ No 2 Cross Alle

Cause of Death, {First (Primary.) Ulceration of Rectum; Second (Immediate.) Peritonitis}

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Sept 28th 1876

Undertaker, Wm Gorry

Place of Business, 65 Mulberry St

Louis Bo Crow M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Mason

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 194 Gough St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate.) Hemoptysis
2 months

Duration of Last Sickness, ~~Holy Cross~~

All the above information should be furnished by the Undertaker.

Place of Burial, ~~H A Daugh~~

Date of Burial, Sept 29 1876

Undertaker, M A Daugh

Place of Business, 74 & 83 Bay

W. H. Hall M. D.
Medical Attendant.

Address 225 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bijn Crawford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 35 yrs

Place of Death, {Give street and number.} 289 Eutaw St Bulk

Cause of Death, First (Primary,) ——— Second (Immediate,) Heart Disease

Duration of Last Sickness, six months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, Sept 30th 1876

Undertaker, Chas T Scriven

Place of Business, 271 Eutaw St

C H Pullen *M. D.*
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Ed. Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* ___ *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19. Lemmon St

Cause of Death, {First (Primary,) Hydrocephalus / Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th 1896

Undertaker, John L Mackin

Place of Business, No 150 Camden St. *Address*

C. S. Johnson M. D.
Medical Attendant.

153 S. Paca St, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Adam Lamman Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 182 Eastern Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 29 1876

Undertaker, Peter Seitz

Place of Business, 91 Eastern Ave

G. L. Walkins M.D.
Medical Attendant.

Address 91 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 h. 45 m. a. m. 28th September, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Webster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* 11 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Singe

Occupation, In years gone by - a Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oxford County Maryland

Duration of Residence in the City of Baltimore, about 62 years

Place of Death, {Give street and number.} 81 Columbia Avenue Balto City

Cause of Death, First (Primary,) Paralysis — 3rd attack in 12 years

Second (Immediate,) "

Duration of Last Sickness, about 78 hours - He has been sick for 10 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 30th 1876

Wm. J. Worth M. D.
Medical Attendant.

Undertaker, Jos. Loan

Place of Business, 568 W. Balto St

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13149 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie H. Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 754 W. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Enteritis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Mary County

Date of Burial, Sept 30th 1876

Pembroke H. Wemble M. D.
Medical Attendant.

Undertaker, I. R. Cook

Place of Business, No 707 W. Baltimore Street — *Address* No 203 W. Lemon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 569)

[OVER.

Board of Health, City of Baltimore,

Permit No. 13187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael McMahon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 9 Booth St

Cause of Death, First (Primary,) Chr. Gastritis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 30th 1876

Undertaker, J B Booth

Place of Business, No 707 W Baltimore Street *Address* 396 W. Fayette

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua H. Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. 285 E. Lombard St.

Cause of Death, First (Primary,) Bilious Remittent Fever

Second (Immediate,) " " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 1st 1876

E. P. Irvin M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Trubenger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 29 Randall st

Cause of Death, {First (Primary,) ....} Phthisis

{Second (Immediate,)}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Western cemetary Theodore Cook M.D.

Date of Burial, Sept 29 Medical Attendant.

Undertaker, E F Krause

Place of Business, 209 Hanover *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Sept. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinan Milligan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 15 *Months,* 6 *Days.*

Color, wht *Sex,* —

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 326 N Howard, rear of,

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 29 1876

~~*Undertaker,*~~ M. I. Milligan

Place of Business, Father

G. L. Tanyhill M. D.
Medical Attendant.

Address 129 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Davis Kinsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* five *Months,* fifteen *Days.*

Color, White *Sex,* Infant

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} Boundary Ave. near Druid Hill Ave

Cause of Death, First (Primary,) Abcess

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sep 29.

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

H. Christian M. D.

Medical Attendant.

Address 431 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Lavinia Brittain

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 14 *Months,* 13 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 Mos. 13 days

Place of Death, {Give street and number.} 649 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastro Enteritis (Diarrhoeal)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 29th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw st

Chas E Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 13156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Sale

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 75 S. Durham St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 29th 1876

Undertaker, Henry H. Mears

Place of Business, 145 N Gay St

G. Glanville, M. D.
Medical Attendant.

Address Bal. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathew Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 9 *Days,* 19

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 166 E. Balto St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom Cemetery

Date of Burial, October 1 1876

Undertaker, M. Langrood

Place of Business, 89 E. Gough St

H Bruun B Arnold M.D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, September 28. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 Seven *Years,* Five *Months,* *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Stockton Ally

Cause of Death, First (Primary,) Continued Fever

Second (Immediate,) Enteritis with ulceration

Duration of Last Sickness, Twenty Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 29 1876

Undertaker, Wm N Dangle

Place of Business, No 104 East st *Address* N.W. Cor. Gilmor & Hollins Sts

John J. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Root

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 39 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Bar tender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 98 E Madison St.

Cause of Death, {First (Primary,) Phthysis.
{Second (Immediate,)

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 1st 1876

Wm. Whitridge M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Eichman
{*Place of Business,* 284 Saratoga St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, 29 Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 ~~Months~~, weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the ~~City of Baltimore~~, 4 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 30. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, Sept. 28. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie P Boman.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 Centre Market Sp.

Cause of Death, { First (Primary,) Asthma

Second (Immediate,) .....

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept. 29th 1876

Jno. P. Powell. *M. D.*
Medical Attendant.

{ *Undertaker,* Jas P Bysne
{ *Place of Business,* 63 Pratt *Address* 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

Date of Death, Thursday Sept 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Dennis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ~~—~~ *Years,* ~~—~~ *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 29 Market Space

Cause of Death, First (Primary,) Bronchial Catarh

Second (Immediate,) ~~—~~

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 29 1876

Undertaker, James M Byrne

Place of Business, 463 W Fayette St

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-right hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Sept 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Louisa Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 18 Barnes St

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) }

Duration of Last Sickness, One Year & 7 Mo

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 2d Oct 1876

Undertaker, Hyam Jenkins & Son

Place of Business, 16 Light St *Address* Smock Stones & Co N. Broadway

F. D. Gavin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dreterich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} 336 S. Bond St.

Cause of Death, {First (Primary.) Second (Immediate,)} Yellow Fever.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Porter Avenue Reform Cemetery

Date of Burial, 1 October 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, John C. Shuck

Place of Business, 165 Aliceanna St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

No. 13165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

Date of Death, Sept 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Edward Myer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 1 Months

Place of Death, {Give street and number.} 29 Randall St

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Anna Randall Co

Date of Burial, Sept 30

Undertaker, Chas P Krause

Place of Business, 209 Hanover St

Thos. Bond M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1876

Date of Death, Sept 30 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* Six *Months,* 0 *Days.*

Color, Light Copper *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} No 2 Stockton Al

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Comelz

Date of Burial, Sept 30 1876

Undertaker, Feh. C Sadler

Place of Business, No 63 Park Ave.

B F. Bohner M. D.
Medical Attendant.

Address Cor Dolphi & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Belt,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 23 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 2 years & 3 Mos & 2 Days

Place of Death, {Give street and number.} No 9. Wilmer Alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, one year

All the information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30. 1876.

Undertaker, John A Gordon.

Place of Business, 61 & 3 Park Ave

Hummer & Fox M. D.'S
Medical Attendants

Address 190 Penn Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Foster.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Paper hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 30 Scott st.

Cause of Death, {First (Primary.) / Second (Immediate,)} Suicide by taking Laudanum,

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 30th 1876

Undertaker, C & S Cook.

Place of Business, No 707 W Baltimore Street

Geo Ogle Coroner M. D.
Medical Attendant.

Address 229 Cathedral st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peter Sullivan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 2 Patrick St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Diphtheritic ulceration of throat

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, Sept 30th 1876

{*Undertaker,* J B Cook

{*Place of Business,* No 707 W Baltimore Street

W H Magee M. D.
Medical Attendant.

Address 17 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Carroll

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 316 E. Eager St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 1st 76

W. W. White M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Sign with Monument

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver H. Johnson

~~*Sex*~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dockman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Stirling St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 1st 76

Chas A McComas *M. D.*
Medical Attendant.

Undertaker, Jno I Rodemayer

Place of Business, N E cor Lemmon and n Monument St

Address 131 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam L Mann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} N 13 S. Arlington Ave

Cause of Death, {First (Primary.) / Second (Immediate.)} Bilious Fever

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Co

Date of Burial, Oct 1st 1876

Undertaker, Chas. J. Scribner

Place of Business, 27 N Eutaw St *Address*

Sam'l Amitay M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Thomas

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt Infirmary Lombard St

Cause of Death, {First (Primary,) Val. Dis. of Heart, {Second (Immediate,) apnoea

Duration of Last Sickness, Three days in Hospital

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Sept 29 16

Undertaker, H. H. & Son

Place of Business, 1118 N. Broad St

T. A Ashby M. D.
Medical Attendant.

Address Univ. Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Cunning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 E Eager st

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 1st 1876

Undertaker, James D Byrne

Place of Business, No 63 N Exeter

Jno Knox Duke *M. D.*
Medical Attendant.

Address 166 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph Wagner

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Baltimore Md

Cause of Death, First (Primary,) Cold

Second (Immediate,) Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem. *M. D.*

Date of Burial, Oct 1st 1876 Medical Attendant.

Undertaker, Geo Saffron *Address* Cor Pine & Baltimore

Place of Business, 121 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary J. Lee

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 678 W. Fayette st.

Cause of Death, {First (Primary,)} Cholera Infantum

{Second (Immediate.)} Hydrocephaloid

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 30th 1876

H. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

Address 77 George st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

Date of Death, Sept 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nelson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, abt 38 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, Abt. 15 yrs

Place of Death, {Give street and number.} No 106 S. Spring St

Cause of Death, First (Primary,) Syphilis

Second (Immediate,)

Duration of Last Sickness, abt 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30th 1876

Geo. L. Kinnemon M. D.
Medical Attendant.

Undertaker, William H. Dunger

Place of Business, No 164 East Lee St. *Address* 13 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

S A F E T Y F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Adolph Goldsmith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* 20 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 704 N. Baltimore St

Cause of Death, First (Primary,) Diphtheritic Croup —

Second (Immediate,) One "week"

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery Thomas Opie M. D.

Date of Burial, October 1st 1876 Medical Attendant.

Undertaker, Wm Edlow *Address* 396 W. Fayette

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent County Md.

Duration of Residence in the City of Baltimore, about 2 years.

Place of Death, {Give street and number.} Welcome Alley near Howard St.

Cause of Death, First (Primary,) Scrofulous Intercurrent,

Second (Immediate,)

Duration of Last Sickness, about 8 Months Under treatment 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 1st 1876

Undertaker, Jacob Davis

Place of Business, 103 Lee St

J. W. White M.D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Achsah Armstrong

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} .....

Age, 79 *Years,* 8 *Months,* One *Days.*

Color, White *Sex,* .....

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elkridge Landing Howard Co Md

Duration of Residence in the City of Baltimore, 68 years.

Place of Death, {Give street and number.} Cor Mosher & Madison Ave

Cause of Death, { First (Primary,) Old age / Second (Immediate,) .....

Duration of Last Sickness, About Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, October 2nd

Wm Casey Thomas M. D.
Medical Attendant.

Undertaker, R. Armacost

Place of Business, No 92 N. Howard *Address* 319 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 234 Battery Ave

Cause of Death, {First (Primary,) Infantile Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Oct. 1st 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts. *Address* 108 S. Sharp St.

DR. J. H. SMITH, SEP 30 1876, BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1876

CERTIFICATE OF DEATH.

Date of Death, Sept 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Color'd

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, Servant in Market

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 East alley

Cause of Death, {First (Primary,) Demorrhage from a bowel

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial Laurel Cemetery

Date of Burial, Sept 30th 1876

Undertaker, W. N. Driver

Place of Business, East St

Geo. E. [illegible] *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13.183 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11. *Months,* 22 *Days.*

Color, Black.

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 86 Plum alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Tubercular Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery Theodore Bratt M. D.
Medical Attendant.

Date of Burial, Oct 1. 76

Undertaker, Samuel W Gilmore

Place of Business, 194 S Monroe st *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Woods

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 Howard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 1 /76

Undertaker, W W Chase

Place of Business, 19 & Monument st

R. M. Hall *M. D.*
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,185.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Edward Sykes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* *Months,* 4 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, One year & 1 day

Place of Death, {Give street and number.} No 404 West St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four (4) month

All the above information should be furnished by the Physician.

Place of Burial, Wernwag

Date of Burial, Sept 30. 1896

Undertaker, Samuel McClure

Place of Business, 192 Thames St

Jno. D. Blake *M. D.*
Medical Attendant.

Address 136 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Arnold Lowry.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~2~~ 3 *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 113 W. Penn St

Cause of Death, { First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 1st 1876

Undertaker, J. H. Loock

Place of Business, No 707 W Baltimore Street

W. H. Goodwin *M. D.*
Medical Attendant.

Address 97 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13.184 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Catherine Sandman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Seventy Two *Years,* ——— *Months,* ——— *Days.*

Color, White ——— *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } ~~#~~ 634 N. Front St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 29. 1876.

J. A. Smithcum M. D.
Medical Attendant.

{ *Undertaker,* D. B. Cook
{ *Place of Business,* 707 N. Balto. St. *Address* # 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore.

No. 13188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1876 BALTIMORE

Date of Death, September 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kane

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 29 Hill St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) " "

Duration of Last Sickness, " "

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Oct 1st 1876

Undertaker, F. K. Trull

Place of Business, 90 S. Howard St

Address ____

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Johnson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} 18 Gough St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, Three hours.

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Oct 1st 1876

Undertaker, John H. Loeck

Place of Business, 52 S. Wolf St

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...13.190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Charlotte

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Three (3) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 123 Bank St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Congenesis

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct. 1st 1876

Undertaker, Henry Sander

Place of Business, 123 Bank St.

L. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

...13.191.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Dieterich

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 11. *Years,* 11 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 326 So Bond St

Cause of Death, {First (Primary,) Necrosis

Second (Immediate,)

Duration of Last Sickness, 7 years.

All the above information should be furnished by the Physician

Place of Burial, Canton Avenue

Date of Burial, Oct. 1. 1896

{*Undertaker,* J C Schick

Place of Business, 165 Aliceanna St} *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 3192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Henrietta Dodson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} 47 E. Monument St

Cause of Death, First (Primary,) Obstruction of Bowels

Second (Immediate,) Peritonitis

Duration of Last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct. 1st 1876

Undertaker, Wm. H. Bishop Jr.

Place of Business, 113 Druid Hill ave.

D. E. Atkinson M. D.

Medical Attendant.

Address 209 N. Liddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ard of Health, City of Baltimore,

...3, 193.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 1876 BALTIMORE

Date of Death, 30th Sept. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Ricky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. 20 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Lee st

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Comt

Date of Burial, Oct 1st 1876

Undertaker, Timothy Lem

Place of Business, 263 Light st

J. H. Wrebaup M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13. 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto county Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 568 Hanover st

Cause of Death, First (Primary.) Apoplexy.

Second (Immediate.)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Oct 3d 1876

Undertaker, Armstrong & Conn

Place of Business, 263 Light st

J. E. Hamington M. D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...13.1895

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4/6 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 354 S. Caroline St.

Cause of Death, {First (Primary,) Typhoid- Malarial Fever

{Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, Oct 4th 1896

{*Undertaker,* W C Mathiesen

{*Place of Business,* 181 S. Bond St

James T. McShane M. D.
Medical Attendant.

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 13196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1876 BALTIMORE

Date of Death, Oct 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret J. Hilleary

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 3 Months, Days.

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 N Fulton

Cause of Death, {First (Primary,) Premature birth
Capillary Bronchitis
Second (Immediate.) Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 2nd 1876

Undertaker, John T. Machen

Place of Business, Cor. Paca & Camden Sts

Richard Mushem M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17 Mary Thomas

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Mack Sheppard Thomas

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Little Sharp Street

Cause of Death, First (Primary,) cold on breast

Second (Immediate,) genral debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 2 1876

Undertaker, John C Selden

Place of Business, No 63 Saint Ann

Henry F. Garey M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30th 10-55 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Wilson A Trench

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Seven Months, and Eighteen Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 7 Holland St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 E. Madison St

Cause of Death, {First (Primary,) Marasmus following Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 2d 1876

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

D Webster Cathell M. D.
Medical Attendant.

Address 1½ S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Sept 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Estella Adams.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, X *Years,* X *Months,* Eight *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Chapel Street

Cause of Death, { First (Primary,) Phlebitis umbilicalis
Second (Immediate,)

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Octob 2d 76

Undertaker, W P Frey

Place of Business, Cor Broadway & Fayette St Address

S. Shannon M. D.
Medical Attendant.

Wm. S. Sharp Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

No. 13209.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, Sept. 30.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. L. Boone.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2. Months, Days. 4.

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112. Chestnut St

Cause of Death, {First (Primary,) Hydrocephaloes / Second (Immediate,) Hydrocephaloes

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October. 2.

Undertaker, William A. Dungee.

Place of Business, 104 Exeter St.

E. P. McSherry M. D.
Medical Attendant.

Address 137. N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Warrington Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 N. Bethel St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery.

Date of Burial, October 2.

Undertaker, William A. Dungee.

Place of Business, 104. East St.

A. B. G. [illegible] M. D.
Medical Attendant.

Address 137 Eden [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Dawson

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ____ *Years,* *Months,* 11 *Days.* 2

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 33 N. Calvert St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 86 — Lanvale

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 3 1876

Undertaker, W H Hoy

Place of Business, Baltimore & Harrett Sts

Burdett Jones M. D.
Medical Attendant.

Address 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lucerne Switz

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 14 E Lucas

Cause of Death, {First (Primary,) Intestinal Inflammation

{Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, October 2.th

C. J. Gillis M. D.

Medical Attendant.

{*Undertaker,* H. M. Gebmeyer

{*Place of Business,* 34. Canton Av. *Address* No 32 Clay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Regina Sweeney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* Two *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 95 Saratoga St

Cause of Death, {First (Primary,) Scarlatina

{Second (immediate,) Cerebral Effusion

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 2nd Oct 1876

Undertaker, H. J. N. Jenkins & Son

Place of Business, 16 Light St

D. H. Reese M. D.
Medical Attendant

Address 69 Mt Clare St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 171 S. Ann St.

Cause of Death, First (Primary,) Bilious Remittent Fever

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, over five weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 2d Oct 76

Undertaker, W A Daiger

Place of Business, 74 S Bond *Address* 143 S. Broadway

C. Edward Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork Co Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 115 Lancaster St

Cause of Death, {First (Primary,) Typhus Mal Fever
Second (Immediate,) Ten prostration Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 2d 1876

E May M. D.
Medical Attendant.

Undertaker, W A Daiger

Place of Business, 74 S Bond *Address* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 13207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Tunkin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 329 S Bond

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 Weeks attended by Dr Chase

All the above Information should be furnished by the Physician

Place of Burial, H. Lay's Cemetery

Date of Burial, October 2d 1870

Dr. Chase M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 152 Caston Ave Address 297 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 132 118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st. at 9:30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Eliza Spencer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 28 *Years,* 11 *Months,* ~~Months~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } South Scott St, 3d door South of Cross St, west side

Cause of Death, { First (Primary,) Cancer of Womb
Second (Immediate,) Nervous Prostration.

Duration of Last Sickness, Three or four years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, October 3d 1876

Chas. H. Elderdice M. D.
Medical Attendant.

Undertaker, Charles F. Reibold

Place of Business, 161 Eastern Ave *Address* 157 N. Henry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Heagy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Born in Balto

Place of Death, {Give street and number.} 231 Lawrence St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, October 3rd 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

J. G. Keller, M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 13210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Bohager.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Bank St.

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 2nd 1876

Undertaker, James P Byrne

Place of Business, 11 & 13 Front St *Address* 224 Carrollton Ave.

Jno. F. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 13211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janette Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Thames Street

Cause of Death, {First (Primary,) ... Second (Immediate,)} Typhoid Intal Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 1st 1876

Undertaker, E. Cox

Place of Business,

M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A. E. Smyth a. C. of H.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other persons superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Quelzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 32 Thames St.

Cause of Death, {First (Primary,) Typho. Malariel Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, F. Potters.

Date of Burial, October 1st

Undertaker, Leonhard Veit

Place of Business, S. Bond St 22.

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Ridgway

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Barre St.

Cause of Death, {First (Primary,) Tremens Ascendens.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 76

Undertaker, H W Schulze

Place of Business 66 & 68 Howard

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia Graves

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Mores Alley

Cause of Death, {First (Primary,) I have not seen this girl since May 4th, but at that
Second (Immediate,) (Phthisis) time she had Advanced Consumption.

Duration of Last Sickness, And have given this Certificate, simply from
All the above information should be furnished by the Physician. my knowledge of her Con-
dition at that time. M. D.

Place of Burial, Woodlawn Cemetery

Date of Burial, Oct 3 76

Medical Attendant.

Undertaker, J. H. Graves

Place of Business, 19 Thames 26 11

Address 209 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ~~Months.~~ ~~Days.~~

Color, Black *Sex,* Female

~~Married~~, ~~Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 105 "Bowers Court"

Cause of Death, {First (Primary,) Consumption of the Lungs
Second (Immediate.)

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 '76

{*Undertaker,* W. H. Chatham
{*Place of Business,* 170 Thames Street

D. R. Chapman M. D.
Medical Attendant.

Address Perrymansville P.O. Harford Co. Md
Formerly 93 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

oard of Health, City of Baltimore,

No. 13216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Philpot Road

Cause of Death, {First (Primary,) Congestion. Second (Immediate,) L. Croup.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Air Cemetery

Date of Burial, Oct 30/76

Undertaker, Wm Frey

Place of Business, Broadway Depot

E. M. Amey M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Brown & Sarah Jane Brown (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 3 hours ~~Days.~~

Color, White *Sex,*

~~*Married, Single, Widow or* Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 118 N Schroeder St

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature delivery - 7 months -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. W. Knight M. D.

Date of Burial, Oct 2nd 1876 Medical Attendant.

Undertaker, Isaiah Brown

Place of Business. 118 N. Schroeder *Address* 112 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Isaiah Isaiah,

oard of Health, City of Baltimore.

No. 13218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Herman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 347 N Madison St

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, 4 Days Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 3d 1876

Chas C Donovan M. D.
Medical Attendant.

{*Undertaker,* Jas M Byrne

{*Place of Business.* 63 Fremont *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wesley (Penn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No 1 Penn. alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Balt Cemetery

Date of Burial, Oct 2 "1876

{*Undertaker,* M. & C. Perry / *Place of Business,* W. Pratt St} *Address*

Jas. A. Steuart M.D.
Medical Commissioner.

Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lefferson [or Co.] W. Police Station

...oard of Health, City of Baltimore,

13220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wesley (Twin)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Penn alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Oct 2nd 1876

Undertaker, M. & C. Perry

Place of Business, W. Pratt St

James H. Stewart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lyson W. Police Station

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13221.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Louis Kelly

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ~~Aug~~ Eight *Years,* Seven *Months,* _____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} _____

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give street and number.} No. 542 West Lombard St

Cause of Death, { First (Primary,) Ulceration Sor Throat,
Second (Immediate,) Hfaunton

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, October 3rd 1876

{ *Undertaker,* Adam Weidemeyer
{ *Place of Business,* 518½ W. Baltimore St. *Address* 15 N. Henry Street

Geo. H. Andrew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE,

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Meier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* 5 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} 106 Lancaster St.

Cause of Death, {First (Primary,) Bilious Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 2nd 1876

Undertaker, H Trockbut

Place of Business, 246 Eastern Av

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 3 mths

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Oct 3. 1876

Undertaker, Saml Bowen

Place of Business, 152 Division St.

Mabury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 ~~Months~~, week, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 3 Oct. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 13225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~consumption~~ Richard Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, all of his life

Place of Death, {Give street and number.} East Street No 69

Cause of Death, First (Primary.)

Second (Immediate,) consumption

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 2nd 1876

Geo. H. Wagner M. D.
Medical Attendant.

Undertaker, William H. Lange

Place of Business, No 104 East St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Brian

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 286 W. Bond St.

Cause of Death, {First (Primary,) Cerebral Debility

Second (Immediate.) 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 3rd 1876.

Undertaker, Wm. H. Richman

Place of Business, 230 Cor. Eagle St.

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 13227

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1th Octob. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johan Gottfried Reich.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 11 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Carver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 172 Cross St.

Cause of Death, First (~~Primary~~,)

Second (Immediate,) Phthisis pulmonal ulcerosa.

Duration of Last Sickness, eight months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Octb 3th 1876

Robert. Luther M. D.
Medical Attendant.

Undertaker, Julius Rochler Address 42 N. Broadway.

Place of Business, Cor Sharp & Cross. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lizzie Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 Month ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, red *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lawrence Mass

Duration of Residence in the City of Baltimore, From birth.

Place of Death, {Give street and number.} Lawrence Mass

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Oct 2nd 1876

Undertaker, Wm Sloan Son

Place of Business, 65 Smithey St

Jno. G. Jay — M. D.
Medical Attendant.

Address Park Ave & Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 13229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Sinsz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty five *Years,* Three *Months,* Twenty four *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsace, France. In U.S. 42 years

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 334 Lemmon Ave. cor Mosher St

Cause of Death, First (Primary,) Cortricitis of Kidneys

Second (Immediate.) Uremia.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bulla. Cemetery

Date of Burial, Oct 3 1876

F. Christian *M. D.*
Medical Attendant.

Undertaker, W. M. Jenkins Son

Place of Business, 16 Light St.

Address 731 Lemmon Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13230

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, Oct. 1st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Grosshans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dress making

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Last Years

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) General debility

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery.

Date of Burial, Oct. 3rd 1876.

Jno Bruce Bush *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Bay St. *Address* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

No. 13231 OFFICE OF REGISTRAR OF VITAL STATISTICS.

hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Canton ave

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Point Cemetery

Date of Burial, Oct 3rd 1876

{*Undertaker,* Fran Cramer / *Place of Business,* 219 Canton Ave}

James H Lenahan M. D.

~~Medical Attendant~~

Address Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Sophie Wagner Mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, Oct 1 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty Eight Years

Place of Death, {Give street and number.} No 545 North Gay Street

Cause of Death, First (Primary,) Cancer Ulcer

Second (Immediate,) Prostration

Duration of Last Sickness, Four Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 3d 1876

Undertaker, Jacob Weaver

Place of Business, No 446 Druid Hill Ave

H. J. Cowen M. D.

Medical Attendant.

Address for Eutaw & Fayette Sts Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bergner Keyser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore-Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 144 Pearl St

Cause of Death, {First (Primary.) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, October 3. 1896

Undertaker, Andrew Leitz

Place of Business, Druid Hill Ave

D. H. Reese M. D.

Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS ARE RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. Lewes —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 9 — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore. Md —

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 289. E. Lombard St

Cause of Death, {First (Primary,) Typhoid Fever. Second (Immediate,) do. near. bowels.

Duration of Last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 2d 1876

Undertaker, A. Kirk

Place of Business, 1446 Sarah

A. A. Lohmeier — *M. D.*
Medical Attendant.

Address 86. E. Fayette. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 13235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3 Oct. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Koerner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany, Hessen,

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 4 Banner Street

Cause of Death, First (Primary,) Endocarditis, Endocarditis

Second (Immediate,) Apoplexia, Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 6th 1876

Undertaker, Henry Kyle

Place of Business, 309 W. Baltimore

F. Statkopf M. D.
Medical Attendant.

Address 248 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Cert No. 13236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Louisa Chester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Eighteen Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Maryland

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 28 Miles St

Cause of Death, {First (Primary,) Consumption of Bowels

{Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 3d

Undertaker, Hercules Rodd

Place of Business, 180 West St "

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
40 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2d, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lillian B. Watkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown D. C -

Duration of Residence in the City of Baltimore, 1 yr. 5 mos.

Place of Death, {Give street and number.} 245. Montgomery St.

Cause of Death, First (Primary,) Scald -

Second (Immediate,) "

Duration of Last Sickness, 4 days (nearly 5)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 3rd.

Undertaker, Hercules Ross

Place of Business, No. 189 West St.

Elias C. Price & Son M. D.
Medical Attendant.

Address 262. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira Gorman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlisle Pa.

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} No. 915 S. Washington St.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) " "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem,

Date of Burial, Thursday Oct 5th 10. a.m

E. P. Sons *M. D.*
Medical Attendant.

Undertaker, Robt Hall

Place of Business, 133 E Balto St *Address* No. 106 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther Fine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London (England)

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Myocarditis chronica

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Baltimore Co

Date of Burial, October 17th 96

Undertaker, Chas Hollander & Sons.

Place of Business, 222 W. Pratt St *Address*

J N Cohen M. D.
Medical Attendant.

Visiting Physician
Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ompulsorily attached to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 37 Scott

Cause of Death, {First (Primary,) Chronic Diarrhoea
Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Octr 4th 1876

Dr P. Hoffman M. D.
Medical Attendant.

{*Undertaker,* John S Mackenzie
Place of Business, No 150 Camden *Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct XX 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. McGraw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mercantile

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No 256 Hanover Street

Cause of Death, First (Primary.) Inflammation of Brain & Spinal

Second (Immediate,) Column

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician

Place of Burial, St Vincent Cemetery

Date of Burial, Oct 5th 1876

Undertaker, Henry H. Mears

Place of Business, 216 N Gay St

A Ridgway Smith M. D.
Medical Attendant.

Address Paca & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Maria Kobayashi

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 415 Aliceana St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 3rd 1876

Undertaker, John W Brauer

Place of Business, Wolf St

James A Stewart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Johanna Schultes Midwife [OVER.]

Board of Health, City of Baltimore,

No. 13214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Matilda Sanford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) Years, Nine (9) Months, Eleven (11) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 Fountain St.

Cause of Death, {First (Primary.) Diarrhoea / Second (Immediate.) Marasmus

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 4th 1876

Undertaker, Haughey & Co

Place of Business, 65 S Broadway

Address 24 So Broadway

J. H. Kain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie McKillip

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Penna

Duration of Residence in the City of Baltimore, 6 mo

Place of Death, {Give street and number.} 191 N Eutaw

Cause of Death, {First (Primary,) Miscarriage; Second (Immediate,) Puerperal Fever}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Pa

Date of Burial, Oct 4, 76

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont & Monument St

Geo. H. Reynolds, M. D.
Medical Attendant.

Address 34 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 5-72)

[OVER.]

Board of Health, City of Baltimore,

No. 13245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, For 5 Years

Place of Death, {Give street and number.} W. 8 Peach alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 3rd 1876

Undertaker, William V. Lunger

Place of Business, No 104 East St.

G. L. Kidd M. D.
Medical Attendant.

Address 50 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 of Oct. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Hofer

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxonia Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 73 Hamptead Street

Cause of Death, First (Primary,) Pneumonia Typhoides

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cem.

Date of Burial, Oct. 4th 1876

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Address 245 E. Baltimore

J. Fletcher M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 13247

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Lamson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 105 Johnson

Cause of Death, {First (Primary,) Second (Immediate,)} Bilious Pleurisy

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 4th/76. Theodore Cook M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Leigh & Monument Sts Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S · A F E T Y

Board of Health, City of Baltimore,

Permit No. 13248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3. 10. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Friedr. Francisco

~~*Sex,* Male *or Female*~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 33 Thomas Street

Cause of Death, {First (Primary,) Bronchitis capillaris / Second (Immediate,) Eclampsia}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, October 4th 76

{*Undertaker,* Henry Sander / *Place of Business,* 282 Canton Ave} *Address* 245 E. Monument St

J Heathcon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schnell

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 217 Mercer St.

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Collapse

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, October 4th.

Undertaker, Hamilton Lloyd

Place of Business, S. Bond st 161

Address 241 S. Bond St.

H. Tabler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 13250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd, '75.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Craig

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 166 South Bond st.

Cause of Death, {First (Primary,) Consumption of Lungs / Second (Immediate,)}

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, October 4th.

John F. Monnier, M. D.
Medical Attendant.

{*Undertaker,* Hamilton Diffut / *Place of Business,* S. Bond st. 164} *Address* S. W. Cor. Calvert & Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iolin Henry Haven

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bay View asylum

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} 136 York Street

Cause of Death, First (Primary,) mal Nutrition

Second (Immediate,) Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 1876

Undertaker, S. H. Chase

Place of Business, Eutaw St

James A Steuart M. D.

~~Medical Department.~~

Address Commissioners of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lizzie Haven mother

[OVER.]

...nit No. 13252

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, Oct 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthie May.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 4 yrs. *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Lying in Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balt. Infant Asylum

Cause of Death, {First (Primary,) Mal nutrition. / Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park.

Date of Burial, Oct-3

Undertaker, C. W. Blizzard

Place of Business, 201 Penn ave.

L. F. Bran M. D.
Medical Attendant.

Address 241 Eutaw st. Private

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 13253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Oct. 2nd 1876 Instant

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Beatrice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 11 Fayette Ave.

Cause of Death, First (Primary,) Gastric Fever

Second (Immediate,)

Duration of Last Sickness, Eight Day Was called on Saturday

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, October 5th

Undertaker, M. Clarke Sons

Place of Business, # 64 E. Balto St.

James E. Donelan M. D.
Medical Attendant.

Address 1996 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, Oct. 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Carr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 98 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give street and number.} 265 Fremont St.

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, Has been infirm for five months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 76

Undertaker, Samuel Wilkins

Place of Business, 194 Shamrock

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, October 3rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William James Bonfield

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 21 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 35 Rabun St

Duration of Residence in the City of Baltimore, 1 year 2 mo 21 d

Place of Death, { Give street and number. } 35 Rabun St

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 4. 76

J. A. Gillis M. D.
Medical Attendant.

Undertaker, Samuel Ebner

Place of Business, 84 S Howard St *Address* 23 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 13256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fletcher (Mother)

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 333 Light St

Cause of Death, {First (Primary,) Pneumatic Bronchitis

{Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 24 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

James A Steuart M. D.
Medical Attendant.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emily Wilson friend

[over.]

...penalty, attend to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

Date of Death, Oct 4. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Leisle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Co

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 22 Myrtle Ave.

Cause of Death, { First (Primary,) } Peritonitis

{ Second (Immediate,) } Injury

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, October 5 1876

Undertaker, Jacob Weaver

Place of Business 1646 Druid Hill Avenue *Address* 261 Mad[redacted]

J. H. Thion M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ases on Back of this Certificate.

Board of Health, City of Baltimore,

...mit No. 13258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, 3 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magaretha Rockel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 72 *Years,* 0 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lauterbach / Hesse Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} S Shroeder str 58

Cause of Death, First (Primary.) Old age

Second (Immediate.) Diarhoea

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 5 October

Undertaker, H. Meier No 116 N. Howard Street

Place of Business,

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 13259 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1876

Date of Death, October 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Parsons

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # N. one & Exeter St

Cause of Death, {First (Primary,) Dissipation / Second (Immediate,) Consumption

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Balty Cemetery

Date of Burial, Oct 4th 1876

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

James A Steuart M. D.

~~Medical Attendant~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophia D Pfeiffer Matron

[OVER.]

No. 13260

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876

Date of Death, Oct. 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Mary Margaret Mess,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 280 S. Sharp St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever - one day.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Oct 4th 1876

Undertaker, F. C. Stecklich

Place of Business, 246 Eastern Av

R. J. N. Tall M. D.
Medical Attendant.

Address 15-8, Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ses on Back of this Certificate.

Board of Health, City of Baltimore,

...t No. 13261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, October 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Soker

Sex, Male or ~~Female~~; {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 28 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Lit Monument street

Cause of Death, {First (Primary,) Second (Immediate,)} Cerebral Meningetis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 5th 1876

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Avenue

H Darling *M. D.*
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 132621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th mo 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Jones.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 57 Months, 1 Days.

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} 190 Madison St.

Cause of Death, First (Primary,) Typhoid fever.

Second (Immediate,)

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 5th 1876

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph Doelg

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 45 Years, *Months,* *Days.*

Color, Wht

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} S. Bethel near Alice Ann

Cause of Death, {First (Primary,) / Second (Immediate,)} Tetanus

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus bone

Date of Burial, Oct 4th 1876

{*Undertaker,* H Köhler / *Place of Business,* 944 E. Somerset St}

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2.d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barnard Hefs.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45. *Years,* *Months,* 11 *Days.*

Color, White. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse. Castle.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 83. N. Bond. St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, October 5 th.

Undertaker, Mendelin Dippel

Place of Business, 1. Bond st. 151

J. M. Carter. M. D.
Medical Attendant.

Address 95. S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

Date of Death, October 2nd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Carothers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Baker St.

Cause of Death, {First (Primary,) Died of Hemorrhage of Chest
Second (Immediate,) & internal Hemorrhage.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 4th 1876

{*Undertaker,* William L. Ruper
Place of Business, 110-104 East St. *Address*

N. Caldwell Hyland M. D.
Medical Attendant.
Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Pfaffenbach

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* 12 *Days.*

Color, wh.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 356 E. Eager st

Cause of Death, {First (Primary.) Typhoid Fever; Second (Immediate.) Peritonitis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 6 1875

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

Chas. A. Kreeber *M. D.*
Medical Attendant.

Address 222 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 BALTIMORE

Date of Death, October 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grace Justice

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Federal St 4 doors west of Patterson Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation & Exhumation

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Oct 6th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St.

A. N. Grimes M. D.

Medical Attendant.

Address 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Moorehead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months,* — *Days.*

Color, Whites — 7

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Dover St near Monroe St

Cause of Death, {First (Primary,) Epilepsy / Second (Immediate,) Convulsions

Duration of Last Sickness, 13 years —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 6th 1876

{*Undertaker,* Jacob Weaver / *Place of Business,* 416 Druid Hill Ave

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas Moorehead father

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 — 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bouchard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Two *Months,* Twenty-two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore — Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 139 Penn St.

Cause of Death, {First (Primary,) Scalatina

{Second (Immediate,)

Duration of Last Sickness, Eight — days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 6 Oct

Undertaker, P. Kimmel

Place of Business, 311 Mulberry St

D. G. Rider *M. D.*
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracy Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 95 Years, Months, Days.

Color, Colored

~~Married, Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Married~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County. Md

Duration of Residence in the City of Baltimore. 50 years

Place of Death, {Give street and number.} No 169 Dallas st

Cause of Death, {First (Primary,) Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lorrel semetery

Date of Burial, oct 5: 76

Undertaker, John W. Lokis

Place of Business. 65 S. Wolf st

Thomas D. Evans. M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hartman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pittsburg Pa

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} Pratt st. cor. Rogers Power

Cause of Death, First (Primary.) Diphtheria

Second (Immediate,)

Duration of Last Sickness, about 5 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cemetery

Date of Burial, 6 October 1876

Undertaker, [illegible]

Place of Business, [illegible]

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Fred Sto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

Date of Death, Oct. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lausch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany.

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number} 278 S. Ann St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typho-Malarial Fever

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician

Place of Burial, St Paul's Cemetery

Date of Burial, Oct 5th 1876

Undertaker, H. Crockett

Place of Business, 246 Eastern Av

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lee

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 1,

Place of Death, {Give street and number.} No 68. Penn Ave.

Cause of Death, {First (Primary.) unknown as to Physician had attended but a short time. Second (Immediate.) unknown.

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, Oct. 5th

Undertaker, John C Gordon

Place of Business, 63 Park Ave

Geo C Ogle Coroner, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph D. Stroeh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 East St.

Cause of Death, { First (Primary,) Rickets
{ Second (Immediate,) Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross (Cem.)

Date of Burial, Oct 5th

Undertaker, H. C. Middleton

Place of Business, 118 N. Calvert St

J. McCaffrey M. D.
Medical Attendant.

Address 172 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13275

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Keach. –

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Sawyer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } St Vincents Hospital

Cause of Death, { First (Primary,) } R L Ulcer

{ Second (Immediate,) } Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Oct 5th 1876

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty St *Address*

Henry K Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

Date of Death, Oct 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Fillman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 237 Sharp St

Cause of Death, {First (Primary,) unknown —

{Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours ——

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 6th 1876

{*Undertaker,* H. Brielle

{*Place of Business,* 81 Henriette St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Fillman [illegible] Father

Board of Health, City of Baltimore,

Permit No. 13277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kesler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 267 S. Broadway

Cause of Death, {First (Primary,) Tetanus Neonatorum

{Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, October 5th 1896

Undertaker, Henry Sander

Place of Business, 462 Carlton St

James J. Kane M. D.
Medical Attendant.

Address 254 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Eighty one *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Maryland.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 99 S. Dallas St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Heart clot.

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Caroline St Cemetery

Date of Burial, Oct 6th 1876

Undertaker, G. Lee Miller

Place of Business,

John S. Smith M. D.
Medical Attendant.

Address S. E. Corner Broadway & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Grant.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Abt 1 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B.C

Duration of Residence in the City of Baltimore, Abt 1 yr

Place of Death, {Give street and number.} 14 Booth St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jml. Enterline *M. D.*

Date of Burial, Oct 15th 1916 Medical Attendant.

Undertaker, Wm A Lange

Place of Business, 110 104 East St. *Address* 5321 Fountain Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Mannick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 154 Cumberland bet

Cause of Death, First (Primary,) Intestinal inflammation

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 6th 1876

Undertaker, Geo. C. Rutenmeyer

Place of Business, 38 Canal St

Jno. Booth Boyle M. D.
Medical Attendant.

Address 161 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brakesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 145 Mulberry St.

Cause of Death, {First (Primary,) Phthisic Pulmonalis

{Second (Immediate.) " "

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Elias C. Rice & Son M. D.

Medical Attendant.

Date of Burial, Oct 6th 1876

{*Undertaker,* Mrs Jacob Weaver

{*Place of Business,* No 46 Druid Hill Ave *Address* 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

Permit No. 13284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas C. Rigg

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* 8 *Months,* 3 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Living 15 Bagley St,

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 6

Undertaker, J. B. Cook

Place of Business, No 707 Baltimore St *Address* [illegible]

A. C. Bunch *M. D.*
Medical Attendant.

HEALTH DEPT. OCT 5 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13.283.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanneid Fortman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 17 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 26 Albermarle St.

Cause of Death, { First (Primary,) Consumption

{ Second (Immediate,) about four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, School House

Date of Burial, Oct 6/75

Undertaker, Ch Ramsey.

Place of Business, 136 E Fayette

H. Semmes M. D.
Medical Attendant.

Address 2 Cathedral St
Corner of Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

Date of Death, 5th Oct. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Leonard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Lancaster Street

Cause of Death, {First (Primary.) old age

{Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alleghenia Cemetery

Date of Burial, Oct. 6th 2 P.M.

{*Undertaker,* Peter Brown

{*Place of Business,* No 77 S. Woodyard

J. Heathcock M. D.
Medical Attendant.

Address 245 S. Hatton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

Date of Death, Oct. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry C. Miller Jr.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 151 Lanvale St.

Cause of Death, {First (Primary,) Tumor of the Liver

{Second (Immediate,) 5 days

All the above information should be furnished by the Physician.

F. T. Hutchins M. D.
Medical Attendant.

Place of Burial, Green Mount

Date of Burial, October 6/76

Undertaker, J. Levy & Son

Place of Business, 41 Hanover St

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13286 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Sohns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Police officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty year

Place of Death, {Give street and number.} 147 Gough Street

Cause of Death, {First (Primary.) Catarrh / Second (Immediate.) Consumption

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 8th 1876

Undertaker, Hughes & Co

Place of Business, 658 Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 13287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj. H. Wackey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Fayette near Chester St

Cause of Death, {First (Primary,) Enteritis.
Second (Immediate,) Convulsions.

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 6. 1876

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

Jno. F. Powell. M. D.
Medical Attendant.

Address No 224 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876

Date of Death, Oct. 4 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 5 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Md

Place of Death, {Give street and number.} Liberty Road near Stricker St

Cause of Death, {First (Primary.) Organic Disease of Heart

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 "1876

Undertaker, John C. Jordan

Place of Business, Park Ave

James A Steuart M. D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Mooney.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Eutaw St

Cause of Death, { First (Primary,) Spasms

Second (Immediate.)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, October 6th

E. Jones Williams, M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 13290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

Date of Death, October 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Traeger

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 8. *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 S Frederick St.

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Ritterawelt M. D.

Medical Attendant.

Date of Burial, October 6th 1876

{ *Undertaker,* Jas P Byrne

{ *Place of Business,* 63 Sh Front Address 137 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

Date of Death, Oct 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Houlton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No. 93 Washington Street

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Convulsions

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday 6th

{*Undertaker,* William Fry

{*Place of Business,*

Milton st. Taylor M. D.
Medical Attendant.

Address 108 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Oct 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles McNeckin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widower or Widow~~, {Cross out the words not required in this line.}.

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} Aged Mens Home

Cause of Death, {First (Primary,) Angina Pectoris
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Geo H. Taylor M. D.

Date of Burial, 7th Oct 1876 Medical Attendant.

{*Undertaker,* H & W. Jenkins & Son *Address* # 1 Waverley Terrace
{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 13293 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

Date of Death, October 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Waite

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Abscess of Hip, from an injury

Second (Immediate.) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 7th 1876

Undertaker, Andrew Fidler

Place of Business, 118 Druid Hill Ave

Louis Faucett M. D.
Medical Attendant.

Address 93 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Campbell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Single~~

Age, 88 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor.

Cause of Death, {First (Primary,) Senile debility

Second (Immediate,) On week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Oct 7th 1876

Undertaker, H. Schultheis

Place of Business, Monument St

Jno. Morris Ruby M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stoll Mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 356 Hamburg St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 2nd 1876

Undertaker, Isaiah Rochester

Place of Business, Sharp St

Jamest Stewart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Geo L. Stoll Grand Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th '96.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Laurence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 1 Days.

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 56 E. Biddle st

Duration of Residence in the City of Baltimore, 3 mo 1 day

Place of Death, {Give street and number.} 56 E Biddle st.

Cause of Death, First (Primary,) Catarrh & Head

Second (Immediate,) Water on the Brain

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 7th 96

Undertaker, Geo. Schilling

Place of Business, Lexington & Monument sts

Charles Bagley M. D.
Medical Attendant.

Address 229 N Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. L. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 4 *Months,* 7 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 196 Division St

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct 7th 1876

Undertaker, Henry W. Jenkins Son

Place of Business, 174 & 176 Light St Balto

F. W. Hibbert M. D.
Medical Attendant.

Address 1211 N. Eutaw [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th. ~~September~~ October 1911

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Wisniewska

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Alice Ann Street 265.

Cause of Death, First (Primary.) Pertitis.

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Stephens Cemetery

Date of Burial, October 7th.

Undertaker, Meadia Siffird

Place of Business, 1. Bond st. 152

William Hertel M. D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13299

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Anton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 7 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Lancaster & Ibbetts Sts.

Cause of Death, First (Primary.) Pernicious Remittent Fever

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Ephraims Cemetery

Date of Burial, October 8th

Undertaker, Hendekin Dipper

Place of Business, 1. Bond st. 15

James D. Steele M. D.
Medical Attendant.

Address 257 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 604 W. Fayette st

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 8th 1876

{*Undertaker,* Wright & Co

{*Place of Business,* 550 W Fayette St

E. V. Miller M. D.
Medical Attendant.

Address 121 W. Hamilton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morgenth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 345 S. Bond

Cause of Death, First (Primary.) Softening of the liver

Second (Immediate.) Delirium followed by Coma superinduced by suppression of bile. 1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas

Date of Burial, 8th September

Undertaker, Wesley Bischel

Place of Business, 74 S Broadway

Address 27 E. Baltimore

P. G. Daush *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13304

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schardt ~~Schardt~~

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} A Tent on Lot. Corner of Lafayette & Eden

Cause of Death, {First (Primary.) ..... Second (Immediate.)} Accidentally shot by his own hand

Duration of Last Sickness,

(All the above information should be furnished by the Physician.)

Place of Burial, Western Cemetery

Date of Burial, Octobr. 7th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St

Geo. Pfeltz Coroner M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegittimate children

[OVER.]

Board of Health, City of Baltimore.

Permit No. 13313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Alixander Chase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boatswain U. S. Navy.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} N. Cent. Avenue 460

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Bronchitis & enteritis

Duration of Last Sickness, Several years.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Oct 8th 1876

Undertaker, Thos C Hughes

Place of Business, 111 E Balto *Address*

Jas. L. Bevan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13304 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Corrigan

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 91 Hillen St

Cause of Death, {First (Primary,) Bilious Intermittent Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 8th 1876

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St

C. S. Mason *M. D.*
Medical Attendant.

Address 13 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 13305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Porter Queen Anns

Birthplace, {State ur country (and how long in the United States, if of foreign birth.} Kent Island Kent Co. Md

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number.} 47 Rabours Av

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Oct [illegible] 76

Undertaker, [illegible]

Place of Business, [illegible]

Dr A. Gelcius *M. D.*
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13306

The Physicinn who nttended nny person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 West Saratoga St

Cause of Death, {First (Primary,) Meningetis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Oct 8th 1876

Undertaker, J. B. Cook

Place of Business, 707 W. Balt St

Geo. W. Benson M. D.
Medical Attendant.

Address 164 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, Thnt whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as same can be ascertained, the full name, sex, age nnd condition (whether married or single) of the person deceased, nnd the cause and date of denth, except in cases of births nnd deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 13307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday October 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Luibeke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 (One) Years — Months, One (1) Day.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 241. S. Charles Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritis

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8th Oct.

Undertaker, Philip Seeman

Place of Business, 35 N. Eutaw St. *Address*

J. H. Keener M. D.
Medical Attendant.

Dr. S. Sharpe Jr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13308 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Noobs

~~Col~~, *Male or* ~~*Female*~~, {Cross out the ward not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 52 S. Wolf

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Dropsy}

Duration of Last Sickness, 4 wks

All the above Information should be furnished by the Physician.

Place of Burial, St. Steph. Cem.

Date of Burial, Sunday, Oct 8th

Undertaker, John T. Bruny

Place of Business, 77 S. Wolfe St

R. W. Mansfield M. D.
Medical Attendant.

Address 167 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 13309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Murphy Father

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ... *Months,* 20 Minutes *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Corner of Chestnut & Front

Duration of Residence in the City of Baltimore, 20 Minutes

Place of Death, { Give street and number. } Chestnut & Front Sts

Cause of Death, { First (Primary,) Shoulder presentation making delivery impracticable, causing Second (Immediate,) Asphyxia.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 9th 1876

Undertaker, James P Byrne

Place of Business, 163 N Front St *Address* 195 N Eden St.

A. E. Allen, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13310 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 76

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Kate~~ Mrs. Daly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and number. } 6 Banks St

Cause of Death, { First (Primary,) ... Second (Immediate,) } Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, Oct 8th 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Eugene Stevenson M. D.
Medical Attendant.

Address 133 E Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 13311 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca J. Dyett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 McElderry St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Oct. 7th 1876

Undertaker, Wm. H. Eichman

Place of Business, 234 W. Bay St.

Saml A Powell M. D.
Medical Attendant.

Address No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 13314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

Date of Death, Oct. 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Hillen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years.* 3 *Months,* 4 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} child

Occupation, child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. all life

Place of Death, {Give street and number.} Washington Road

Cause of Death, First (Primary,) Congestive chill

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Johnsons

Date of Burial, Oct

Undertaker, P. Lemmert

Place of Business, 311 Baltimore St.

C. C. Richardson *M. D.*

Medical Attendant.

Address 302 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13313 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 2 hours ~~Days~~

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 George st. Balto City

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give street and number.} 24 George st.

Cause of Death, { First (Primary,) Unknown
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 8th 1876

{ *Undertaker,* Wm P Gray
{ *Place of Business,* 65 Mulberry St *Address* 98 N Green st.

Richd D Remington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13311

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1870.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 11 O'Mears Ct

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 20th 70 by R.J.

O. S. Medairy *M. D.*
Medical Attendant.

Undertaker, Geo. C. Rotermund

Place of Business, 58 Eutaw Street *Address* 185 ½ Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13315 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "Charles" A "Bordeaux"

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore. (6) Six Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 8 Oct 11 O'Clock P.M.

J B Boyle M. D.
Medical Attendant.

{*Undertaker,* George Clodenmeyer

{*Place of Business,* 38 Enson St *Address* 166 E Eager St

per W L Dickson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13316 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward ~~Hall~~ Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 E. Leond St

Cause of Death, First (Primary,) ~~Inanition~~

Second (Immediate,) Chronic Atrophy

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 8 1876

Undertaker, James W Byrne

Place of Business, 1003 N Front St

Dr E. Atkinson M. D.

Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13317 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1876 10 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Eileen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 9 S. Bethel St.

Cause of Death, First (Primary.) Tuberculous Meningitis

Second (Immediate.)

Duration of Last Sickness, Since 2nd. Oct

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 8 1876

Undertaker, James F. Byrne

Place of Business, No 63 N. Front St

James E Donelle M. D.
Medical Attendant.

Address 919 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 13318

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Eichhorn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 286½ S. Ann St

Cause of Death, {First (Primary.) Yellow fever

{Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, H. Bethanien Cem

Date of Burial, October 8th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 361 Canton Av *Address*

Horace B Arnold (M. D.)
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 13319 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 20 Short street.

Cause of Death, {First (Primary,) Old Age / Second (Immediate,)}

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Octo. 9th 1876

Undertaker, Wm N. Dungee

Place of Business, 104 East St.

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 13320 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Jones

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 1 *Days.*

Color, Black. *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} No 6. Pratt East

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 8th 1896

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, William A. Dange

Place of Business, 1116 East St. *Address* 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Stone.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore. 32 Years

Place of Death, {Give street and number.} 191 E. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption, 2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Dale Cemetery

Date of Burial, Oct 9th 1876

Undertaker, Hanley

Place of Business, 344 N Broadway

I. H. Houck M. D
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William D. Tennant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16, *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number.} 143 N. High St

Cause of Death, {First (Primary.) Second (Immediate,)} Tabes Mesenterica 4 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, October 9th 1876

Undertaker, John H. Weaver

Place of Business, 722 N. Fayette St Address 73 E. Baltimore St.

I. N. Hoeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13323 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octobr 8th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grafton D. Wolstrum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 5 Hudson alley.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 3 Boundary Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsion

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, Oct 9th 1876

Geo. F. Memick M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St *Address* No. 151 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 13,321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alex. McElwee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co: Md!

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 119 Bolton St,

Cause of Death, {First (Primary,) Peri-Rectal Abscess, Second (Immediate,) Septicaemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cem

Date of Burial, 9th Oct 1896

Undertaker, Henry W. Leutwyler

Place of Business, 16 Light St

F. W. Miller M. D.
Medical Attendant.

Address 121 W. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13,325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Albert King

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 161 Irving Place

Cause of Death, {First (Primary,) Dysphagine

{Second (Immediate,) Inanition

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 9/96

Undertaker, Chas Ramsey

Place of Business, 136 E Fayette

John H Conner M. D.
Medical Attendant.

Address 286 E. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13376. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Irene Zeigler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One (1) *Years,* Nine (9) *Months,* Twenty-eight (28) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 67 S. Gilmor St. Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 958 South Sharp Street.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Asthenia

Duration of Last Sickness, 2½ months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 9th 1876

Thos Waldendick M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts *Address* 15 McHenry Street

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13,327.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Myles Philben

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 22 Years

Place of Death, {Give street and number.} Hill St.

Cause of Death, {First (Primary.) Accidental

{Second (Immediate.) Suffocated & Burned Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Octo. 9th.

Undertaker, Hamilton Dipel

Place of Business, S. Bond St. 151

R. C. Lee M. D.
Medical Attendant.

Address Hannan & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13328. OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct.r 4. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Shorter

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.r City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Dawson alley

Cause of Death, {First (Primary,) ____ Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Balt.r Pub Cemtry

Date of Burial, Oct.r 9 1896

Undertaker, M K Perry

Place of Business, W Pratt St

M. D.

Medical Attendant.

Address Comm.r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 13,329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Riley

~~Sex~~, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 1. Duvberry Alley

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Two Years (2 yrs)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9 1876

Undertaker, T T Nannette

Place of Business, 424 Saratoga St

E. Shelton Hill M. D.
Medical Attendant.

Address 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13,330

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd M. Eitings

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. —

Place of Death, {Give street and number.} 44. Garden

Cause of Death, {First (Primary,) Cyanosis

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, Oct 10th

Undertaker, Chas F Scriven

Place of Business, 271 Eutaw St

Edwd. F. Auchinleck M. D.
Medical Attendant.

Address 279 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13231.

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th October 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Shellmeron

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 3 Months, 16 Days.

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 13 Ann st Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 212 E. President St. Baltimore

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Splenitis

Duration of Last Sickness, 27 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 10th 1876

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

Dr. J. R. Lawrence, M. D.
Medical Attendant.

Address 1 E. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 13232.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th of Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Saulus

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 34 N. Chapel Street

Cause of Death, First (Primary,) Gangraena senili & frostbite

Second (Immediate,) rubico-necrotalis in consequence of

Duration of Last Sickness, 2 weeks a fell on an ice-cellar

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, 10th of October

Undertaker, John Brown

Place of Business, 27 N. Wolfe St.

J. Fletcher M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13333 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Boulton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 249 Dolphin St.

Cause of Death, First (Primary,) Catarhal Pneumonia.

Second (Immediate,) Congestion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 10th 1876

C. F. Brune *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave *Address* 241 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13321 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately* f *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Vinsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} ~~No~~ Baltimore near City Limits. Phila Road

Cause of Death, First (Primary,) Lung Abst Bowel ~~and~~ in Phila Road in U. S. A.

Second (Immediate,) Hemmorrhage from Lungs.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, Oct 9th 76

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

E. W. Vinsey M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13335 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Martin

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 93 Boyd Street

Cause of Death, {First (Primary,) Malignant Scarlet Fever

Second (Immediate,) 36 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery J. Shelton Hill M. D.

Date of Burial, Oct 9th 1876 Medical Attendant.

Undertaker, P. A. Booth

Place of Business, No 107 W Baltimore Street *Address* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 13336 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 1876 October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Henry Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlisle Pa

Duration of Residence in the City of Baltimore, 8 years in the City

Place of Death, {Give street and number.} Bank St No 2

Cause of Death, {First (Primary,) ~~Contusion~~ Concussion & Injury of Brain

Second (Immediate,)

Duration of Last Sickness, One Hour.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9. 1876.

Undertaker, William N. Dunn Address No 23 Bath St

Place of Business, Inc 104 East St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 13337.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Dundy

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 2 *Months,* 10 *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Negro

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 51 Church St

Cause of Death, {First (Primary,) Thrush

Second (Immediate,) Inanition

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician

Place of Burial, W.P. Cemetery

Date of Burial, Oct 9 1876

Undertaker, M. O'Perry

Place of Business, 49 Hall St

M. D.

Medical Attendant.

Address Comr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Louisa Reed

Board of Health, City of Baltimore,

Permit No. 13338 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Susan Gorsey

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, One (1) *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 44. Hicks St Eastward

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Marasmus

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician

Place of Burial, Catholic Cem

Date of Burial, Oct 11th

Undertaker,

Place of Business,

Clement Fay M. D.
Medical Attendant.

Address 191 Pennsylvania Ave
414 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lawler

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Pattapsco

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, October 11" 1876

Undertaker, W A Daiger

Place of Business, 74 S Broadway *Address* 121 W Lombard

C. V. Hillen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13340 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus
Second (Immediate,) Spasm

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 10. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahlon Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13341 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Hogue

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Westerhaus Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 67 Front St Baltimore

Cause of Death, { First (Primary,) Pneumonia

{ Second (Immediate,)

Duration of Last Sickness, 36 Days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, Oct 10 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

Jno M. Scott *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... Oct 15 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... M O Smith

Sex, Male or Female, { Cross out the word not required in this line. } ..... Male

Age, 5 8 *Years,* ..... *Months,* ..... *Days.*

Color, White *Married, Single, Widow or Widower,* { Cross out the words not required in this line. } ..... *Sex,* Male

Occupation, ... Child

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ..... Maryland

Duration of Residence in the City of Baltimore, ... 5 8 Years

Place of Death, { Give street and number. } ..... 1st District Prison

Cause of Death, { First (Primary,) ..... Typhoid Pneumonia

{ Second (Immediate,) ..... Last stage

Duration of Last Sickness, ... 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Bradenbaugh (County) ..... Potters Field

Date of Burial, Oct 18th 1876

{ *Undertaker,* Jno H. Weaver

{ *Place of Business,* Fayette St ..... *Address* ..... D. H. Knapp M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 576

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 13.3143.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Weis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 65 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Grunstein. Grossherzogthum Hessen

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 269 S. Amd St

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhus-fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemtry

Date of Burial, Oct 8th 1876

Undertaker, H. Foehlich

Place of Business, 246 Eastern Av *Address*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13344

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wallace Ogier,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* *Days.*

Color, white,

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dealer in provisions,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} Monument & Gist sts.,

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,) Exhaustion.

Duration of Last Sickness, One week,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, Oct 11 1876

Undertaker, M A Daiger

Place of Business, 74 B'way

G. Glanville Rusk M. D.

Medical Attendant.

Address Baltn Hosp sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13,245 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore. Unknown

Place of Death, {Give street and number.} Cor Marriott & Lowson sts. L. P.

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Killed by being Run over

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, W Pubic Cemetery

Date of Burial, Oct 9th

Undertaker, R & G Lee

Place of Business, 414 & W Pratt st

R. G. Lee M. D.
~~Medical Attendant~~ Coroner

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13116 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elizabeth Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 18 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} Paca St. bet. Lee & Barre Sts.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 10th 1876

Undertaker, Frederick T. Nannik

Place of Business,

Address 60 115th Conn Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13347 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twen* *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H. Bruning

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 64 S. Caroline St

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct. 10 1876

Undertaker, J J Mackert

Place of Business, 150 Camden St

G. Glanville, Lieut M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13,348 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. ~~Mrs.~~ Martha Vanhorn Knight

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Martha Vanhorn Knight

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 518 N. Howard St

Cause of Death, First (Primary,) Organic disease of Heart

Second (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11 Oct 10

{*Undertaker,* M D Bantz
Place of Business, South St

W. B. Griffith M. D.
Medical Attendant.

Address 8 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 13.349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Elton Bridges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 41 N Bond St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Cerebral Effusion -

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 10th 1876

Undertaker, Haughs & Co

Place of Business, 655 Broadway *Address* 121 E Balto St

J R Audre M. D.
per
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13.300 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Lenard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 19 E. Cor. Pratt & Lancaster Sts

Cause of Death, First (Primary,) Premature 6½ Months

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Oct 10th 1876

~~Date of Burial,~~ Place of Burial St Patricks

Undertaker, M. Clark & Sons

Place of Business, 6 & E. Balto

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 13351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Woods -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* male -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 Lee St -

Cause of Death, {First (Primary,) Exposure & cold & Bronchitis,
Second (Immediate,) Marasmus.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 11th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Address 161 Sharp St

G. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13382

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ellen A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 11 *Months,* 14 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hugus st c/o 2,22

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} c/o 179 Warner st

Cause of Death, {First (Primary,) Congestion of Heart

{Second (Immediate,) Eight Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 10. 76

Undertaker, H. Whitacre

Place of Business, 190 Broadway st

J. T. Shelly M. D.
Medical Attendant.

Address 260 South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13383 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alexander Knight

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} "

~~*Occupation,*~~ "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 11 yr 12 days

Place of Death, {Give street and number.} Oak St 89

Cause of Death, First (Primary,) Cataract

Second (Immediate,) Dysentery

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Oct 11th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St *Address*

E Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y ▲ F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 13577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

Date of Death, Oct 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Mitchell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 375 West St.

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loud[illegible]

Date of Burial, Oct 11 76

Undertaker, Thos. [illegible]

Place of Business, [illegible]

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAKS

Board of Health, City of Baltimore,

Permit No. 13355. OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 10 1916 BALTIMORE

Date of Death, Oct 9 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co England

Duration of Residence in the City of Baltimore, 2 years 11 months

Place of Death, {Give street and number.} Elmer Alley No 13

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1916

Undertaker, Lemmon & Gray

Place of Business, 1 Saratoga St

The H Hurst M. D.
Medical Attendant.

Address No 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13,356 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Oct 9th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millie Coleman

~~Sex, Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, Light Mulatto *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Amelia Co Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 St Mary's & Shell Balto: Md

Cause of Death, {First (Primary,) Phthisis Pulmonalis — Second (Immediate,) Exhaustion

Duration of Last Sickness, About Six- months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1896

{*Undertaker,* Wm Fa Gray

{*Place of Business,* 1 Mulberry St

Jeff D Powell M. D.
Medical Attendant.

Address 87 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13,357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 10 1876

Date of Death, October 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Julia Schweitzer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 2 *Months,* 1 *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 88 Warren

Cause of Death, {First (Primary,) This Child died suddenly - in its mothers arms - Second (Immediate,) Am satisfied it died from natural causes - The Child Duration of Last Sickness, had not been sick - neither had it had any medicine of any kind given - more likely died of pulmonary Congestion

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, October 11 1876

Undertaker, Charles F. Meek

Place of Business, 101 Hanover St

W. H. Kemp M. D.
Medical Attendant.

Address 53 Mc Henry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10,558

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct- 9th 76-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs- Bethwild

~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word is not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number} Washington University Hosp

Cause of Death, {First (Primary.) Intermittent Fever-
Second (Immediate.) Ascites

Duration of Last Sickness, Six weeks-

All the above information should be furnished by the Physician

Place of Burial, W B & Cemetery

Date of Burial, Oct 11th 1876

Undertaker, W H Perry

Place of Business, W Pratt St

A. L. Walpe *M. D.*
Medical Attendant.

Address Washington University Hospitle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 13,357 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William John McLaughlin

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 Years, Months, Days.

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, City Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 Yr.

Place of Death, {Give street and number.} No. 92 S. Wes[illegible] St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Att[illegible] Green Mount

Date of Burial, 11th October

Undertaker, John Brown

Place of Business, No. 77 Saratoga

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 13860

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th of October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schrot

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ... / *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 212 Aliceanna Street

Cause of Death, {First (Primary,) ... Edampia / Second (Immediate,)}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, October 11

Undertaker, H. M. Gebmeyer

Place of Business, 341 Canton Ave

Address [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor[illegible]

Permit No. 13,361. OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 421 E Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 11 1876

Undertaker, Jno Braun

Place of Business, 19 S Wolfe St

M. D.
Medical Attendant.

Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13362

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Child

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 99 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 McElderry st

Cause of Death, {First (Primary,) Old age

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 11 1895

Undertaker, Geo. Shilling

Place of Business, Orleans & Wolfe Sts

Geo H. Dunson M. D.
Medical Attendant.

Address 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 13363 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th of Oct. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Habenkern

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 25 S Wastmylor Street

Cause of Death, First (Primary,) Phthisis pulmonum

Second (Immediate,) Hydrops, marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, 12th of October

Undertaker, Wm. Wells Lipps

Place of Business, S. Broadway

Address 245 S. Baltimore St.

A. Flathis M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 13364

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lockington Lucindal

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 8 Hollins St

Cause of Death, {First (Primary,) Carbonic apoplexy
Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 12th 1876

{*Undertaker,* Henry H. Mears
{*Place of Business,* 46 N Gay St

Chas A Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13,316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna R. Meyers

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* —— *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore. 21 Y

Place of Death, {Give street and number.} 112 Preston st.

Cause of Death, {First (Primary,) Acute Phthisis

~~Second (Immediate.)~~

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 12th 1876

Undertaker, Chas F Scriven

Place of Business, 271 W Baltimore

William Lee M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13366 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Fletcher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F.

Age, 21 *Years,* 9 *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Md~~ Va

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 117 Hamburg

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenden Park.

Date of Burial, Oct 12 1876

{*Undertaker,* Armstrong & Denny / *Place of Business,* 263 Light St

Theodore Cooke M. D.
Medical Attendant.

Address 146 Henderson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13.367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th October 1816.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaretta Boland.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 25 Broadway Street.

Cause of Death, First (Primary,) Convulsions.
Second (Immediate,) Convulsion Brain.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 11

Undertaker, I W Cook

Place of Business, 707 West Baltimore

Geo. L. Byers M. D.
Medical Attendant.

Address 39 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Payne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months,* 15 *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 184 Wash.

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 11th Theodore Cotta M. D.
Medical Attendant.

Undertaker, [illegible] 2033

Place of Business, 180 Wash. St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 13369 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Blamer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Switzerland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 216 S. Bond St.

Cause of Death, {First (Primary,) ... Second (Immediate,) Typhoid fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, October 11

Undertaker, Theodore Dippel

Place of Business, S. Bond St 151

James O. Hane M. D.
Medical Attendant.

Address 257 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13. 370 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, nader penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel George Meaken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Myrtle Ave

Cause of Death, {First (Primary,) Congestion Brain.
Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, Oct. 12. 1876

Undertaker, Jacob Weaver

Place of Business, Druid Ave.

J. H. Keller. *M. D.*
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13371 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Spence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 235 S Eutaw st

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem.

Date of Burial, Oct 11th 1876

Undertaker, J. Davis

Place of Business, 103 Lee st

J Harvey Steele M. D.
Medical Attendant.

Address 20 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13372 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Edward Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} No 10 Prospect Lane

Cause of Death, {First (Primary,) Gastro Enteritis

{Second (Immediate,) Congestion Brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemy

Date of Burial, Oct 12th 1876

Undertaker, John W. Coates

Place of Business, 59 S. Wolf St

Wm. L. Rand M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 13373 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 35 yrs *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} unknown

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Basin, foot S Henry St,

Cause of Death, {First (Primary,) Accidentally

{Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, W Public cemetery

Date of Burial, Oct 10th

Undertaker, A Hoke Berry

Place of Business, 44 & 48 Pratt st

R, E, Lee M. D.

Medical Attendant Coroner S. D.

Address N, W, Cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13374 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Apfel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Accountant

Birthplace, {State the country (and how long in the United States, if of foreign birth.} Germany — 21 years

Duration of Residence in the City of Baltimore. 12 years

Place of Death, {Give street and number.} 157 Conway

Cause of Death, {First (Primary,) abscess abdominal disease

{Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, October 12 1876

Undertaker, Charles F. Herold

Place of Business, 161 Conway St. *Address* 521 Park

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kuper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 4. *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Flour Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 662. W. Lexington St

Cause of Death, {First (Primary.) Asthma

{Second (Immediate,) Softening of the Brain —

Duration of Last Sickness, About Six Months —

All the above information should be furnished by the Physician

Place of Burial, Frederick City

Date of Burial, Oct 12th

Undertaker, Joseph Lowe

Place of Business, 568 W. Lombard St

W. R. McShane M. D.
Medical Attendant.

Address 582. W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit permit No 577

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Kerr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tennessee

Duration of ~~Residence in the City of Baltimore~~, Clarksburg

Place of Death, {Give street and number.} Eutaw House

Cause of Death, First (Primary,) ——— Second (Immediate,) Intemperance.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Clarksville Tenn *Date of Burial,* ———

Undertaker, Henry W. Jenkins & Son *Place of Business,* 16 Light St

Geo C Ogle Coroner. D[illegible]
Medical Attendant.

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Town Permit No 678

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jenny Klein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bulls City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Oedema pulmonum

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Gen A Hebrew Cemetery

Date of Burial, October 12th 1876

{*Undertaker,* H. Eiler

{*Place of Business,* 101 Gough St

M. D.
Medical Attendant.

Address Visiting Physician
29 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 2 *Months,* 15 *Days.*

Color, ed *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 24 Bolton St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. B. Browne M. D.

Medical Attendant.

Date of Burial, Oct 12 1876

Undertaker, H H Chase

Place of Business, 201 W Baltimore St *Address* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Obrien

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 13 *Years,* *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Quarryman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Linden Av. Cor of Camden Al.

Cause of Death, First (Primary,) Crushed by rock in quarry, living

Second (Immediate,) for seven hours after accident

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Oct 12 1876

Undertaker, James P Byrne

Place of Business, N° 63 W Front St *Address*

L. McLane Tiffany M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13380 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob & Thresa Swartzmaier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 396 Sharp St

Cause of Death, { First (Primary,) / Second (Immediate,) Calank

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. con. *Jno* M. Bahlell M. D.
Medical Attendant.

Date of Burial, Oct 11

{ *Undertaker,* C F Krouse *Address* 175 St Paul St
{ *Place of Business,* 209 Hanover "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nilly [redacted] Willis

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Fifty Eight years

Place of Death, { Give street and number. } 63 Vine St.

Cause of Death, { First (Primary,) old age / Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bolte. Comm.

Date of Burial, Oct. 12th

{ *Undertaker,* J.B. Blackiston & Son / *Place of Business* 16 N. Bolte St. } *Address* 251 Madison Ave.

[redacted] M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13382

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertnker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Hilgartside

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Three *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life -

Place of Death, {Give street and number.} 23 Penn. Avenue Baltimore City

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 12th 1876

Undertaker, C. Clemonts & Bro

Place of Business, 364 ft Ave City

W H Davis *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Monahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Un Known.

Occupation, Do.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Ireland - Maryland.

Duration of Residence in the City of Baltimore. Un Known

Place of Death, {Give street and number.} Brown's Hotel N. High St.

Cause of Death, {First (Primary.) / Second (Immediate.)} * Un Known,

Duration of Last Sickness, * Dieing when I saw him

(All the above information should be furnished by the Physician)

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 12 1876

Undertaker, James D Byrne.

Place of Business No 63 N Front St *Address* 95 E. Baltimore St.

S. N. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13384 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Elisabeth Lauhan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, ~~0~~ *Years,* 8 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mulberry St 152

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12 October

Undertaker, H Meyer

Place of Business, N. Howard 106

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dominick Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pattern Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Holliday St

Cause of Death, {First (Primary.) ~~Stone~~. Mortification

Second (Immediate,) Peritonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemy Geo A Kenny M. D.

Date of Burial, Oct 12 1876. Medical Attendant.

Undertaker, I. B. Cook

Place of Business, 707 W. Balto St *Address* 64 E. Co...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mumma

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 161 Greenmount Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct – 12 . 76

Silas R. Hunter M. D.
Medical Attendant.

Undertaker, John I Rodenmyer

Place of Business, N E Cor Greenmount Cem & Greenmount Ave *Address* 181 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 13387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Friedel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give street and number.} 302 S. Woodyard

Cause of Death, {First (Primary.) Typhoid Fever / Second (Immediate,) do

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, St Thomas Cem

Date of Burial, October 13 1876

Chas Holtzman M. D.
Medical Attendant.

Undertaker, Henry Keech

Place of Business, 20 Central Ave *Address* 16 N. Fo th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dahle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 172. S. Green St.

Cause of Death, {First (Primary,) Second (Immediate,)} Dysentery.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 13th 1876

{*Undertaker,* T. N. Troll

Place of Business, 901 E. Havard St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 13389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hax

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 Block St.

Cause of Death, {First (Primary,) Puerperal Peritonitis / Second (Immediate,)}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 13th 1896

Undertaker, H. C. Watchman

Place of Business, 181 E. Bond St.

James T. Shaw M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12' 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Norton.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland ~~Baltimore~~

Duration of Residence in the City of Baltimore. Lives at the water works

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, First (Primary,) Comp Fracture of thigh—

Second (Immediate,) Pyaemia. —

Duration of Last Sickness, 3 weeks —

All the above Information should be furnished by the Physician

Place of Burial, St Mary's, Govanstown

Date of Burial, Oct 14 76

Undertaker, H. C. Middlefield

Place of Business, 118 N Calvert St

A. L. Wolfe *M. D.*
Medical Attendant.

Address Washington University Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor[illegible]

Permit No. 13391

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Patrick Curran Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Cookery St

Cause of Death, {First (Primary.) / Second (Immediate.)} Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem[illegible]

Date of Burial, Oct 13th 1876

Undertaker, M. A. Daiger

Place of Business, Broadway

Address Commiss of Health & Registration

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Patrick Curran Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Paul Dunbar M. D.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Nine *Years,* *Months,* *Days.*

Color, White

Sex,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 3. W. Cor Saratoga & Courtland

Cause of Death, First (Primary,) Acute Tuberculosis

Second (Immediate,) Tuberculan Peritonitis

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1876

Undertaker, Jos. C. Jenda

Place of Business, 1863 Park Ave

Whitfield Rivers *M. D.*

Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13393.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Barbara Groff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Cor. Gay & Holt & Gloucester Sts.

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, 13 Oct

Undertaker, P. Kinnard

Place of Business, 311 Mulberry

C. J. Johnson M. D.
Medical Attendant.

Address 163 S. Paca St.
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Macumber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* 3 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 356 N Fremont St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Chronic Bronchitis

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, Oct 13

Undertaker, S B Cook

Place of Business, 707 West Baltimore St

Thos Armitage M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Griffin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black

~~*Married,* *Single,* *Widow or* *Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Accomac County Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 133 N Dallas st

Cause of Death, {First (Primary,) Intermittent Fever / Second (Immediate,) Enteritis

Duration of Last Sickness, 4 1/2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Oct 13 1876

Undertaker, William Monroe

Place of Business, No 10 N Eutaw Street

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* ~~11~~ 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 111 Barnes St.

Duration of Residence in the City of Baltimore, 5 mo. 11 days

Place of Death, {Give street and number.} 111 Barnes St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 15th 1876

Charles Bagley *M. D.*
Medical Attendant.

Undertaker, Henry Wise

Place of Business, 201 Central Ave *Address* 229 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph & Elizabeth Sinn Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Miller St

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 13 " 1876

Undertaker, H. Hoerle

Place of Business, Central Av *Address* Commissioners of Health

M. D.

J. Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Mc Kenney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Five *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nevo. 18 Hamilton Dr. Balto Md

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} Nevo 18 Hamilton Dr Balto Md.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pthisis,

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 13th 1876

Undertaker, ~~Wm Wiedefeld~~ H.C. Wiedefeld

Place of Business, 18½ Leadenhall St

John Patterson M. D.
Medical Attendant.

Address cor Franklin & Dr. Powells
Baltimore, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wiedefeld

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Henry Bedeker

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, 13 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Columbia Ave

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)}

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 14th October

Undertaker, Ph. F. Dill

Place of Business, 183 Columbia Ave.

D. G. Keller. *M. D.*
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th October 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Ruppel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow~~ Widower, {Cross out the words not required in this line.}

Occupation, Weaver

Birthplace, {State or country and how long in the United States, if of foreign birth.} Reinrad, Hessen, Germany 25 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Bondstreet Nr 111.

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus senilis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Druid Hill Cem.

Date of Burial, October 15th 76

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address*

William Heard M. D.
Medical Attendant.

S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

Date of Death, Oct- 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Barna

~~Sex~~, *Male* or ~~*Female*~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White-

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Platz

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Opium Poisoning

{Second (Immediate,) Nervous Exaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 13th 1876

{*Undertaker,* Jas P Byrne

{*Place of Business,* 63 Fremont St

A. L. Wolfe (Per A. L. Penz M.D.) *M. D.* Medical Attendant.

Address Wash. Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13404 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 – 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw'd Augustus Middleton.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 *Days.*

Color, Mulatto *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 3 mos 2 days.

Place of Death, {Give street and number.} 217 N. Durham. st

Cause of Death, {First (Primary,) Pneumonia. / Second (Immediate,) Exanition

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, October 13th 1876

Undertaker, William A. Lucas

Place of Business, No 64 East St. *Address* 235 N. Broadway.

W. B. O'Reilly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis H. Porter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ 3 *Months,* ~~Days.~~

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt - Md

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 19 Wyeath St

Cause of Death, {First (Primary.) Second (Immediate,)} Spasms

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Ft. Cemetery

Date of Burial, Oct 14th 1878

Undertaker, Andrew Krell

Place of Business, 206 Columbia Ave

E. L. Shannon M. D.
Medical Attendant.

Address 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and draths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Minich

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 257 Columbia Av.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 14 76

J. H. C. Cuddy, M. D.
Medical Attendant.

Undertaker, Hutchinson Son

Place of Business, 606 W. Balt. St. *Address* 36 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Smith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 610, 59 Perry to

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Oct 14 - 1896

Judson Gilman M. D.
Medical Attendant.

Undertaker, A. B. Blackistone Address

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Heilmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 22 Anthony St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Phthisis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, October 15 1876

Undertaker, Henry Hood

Place of Business, [illegible] Central Ave

J. N. Grimes M. D.

Medical Attendant.

Address 60 Pennsylvania Ave Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Francis Faulkich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Years, Months, 26 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 So. Broadway

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight (8) days

All the above information should be furnished by the Physician

Place of Burial, New Cathedral Cem.

Date of Burial, October 14th

Undertaker, Hendelin Diffel

Place of Business, E. Bond st. 151

L. L. McKaig M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th Oct. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Dohan

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 393 Orleans St

Cause of Death, First (Primary,) Angina membranacea

Second (Immediate,) Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sunday Oct. 15th 76.

Undertaker, Henning & Co

Place of Business, 386 Orleans St

Address 248 E. Balto

J. Keithian, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Voeck

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty Eight *Years,* Three *Months,* Twenty one *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} 504 W. Lombard St

Cause of Death, {First (Primary,) Scrofula} {Second (Immediate,) Cancer of Stomach & Liver

Duration of Last Sickness, Nine or ten Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 16th 1876

Undertaker, J P Bosk

Place of Business, Baker near Shroder

J. L. Leatherman M. D.
Medical Attendant.

Address 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Burger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Engine stroke

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 296 Alice Anne

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, Octr 15th 1876

{*Undertaker,* Wm McClellans

Place of Business, 255 Alice Anne St.

J. G. Dale M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Dungan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn NY

Duration of Residence in the City of Baltimore, abt one month

Place of Death, {Give street and number.} 86 N Green

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Twenty 1 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 15th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address*

W. Kneass M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eleanora Mathews

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 69 Division

Cause of Death, First (Primary,) Epithelioma Uteri

Second (Immediate,) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 15th 1876

Undertaker, Jacob Weaver

Place of Business, 604 & 606 David Hill Avenue

I B B Browne M. D.
Medical Attendant.

Address 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schaub

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 49 East Stone

Cause of Death, {First (Primary.) Old age

{Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Bell Cemetery

Date of Burial, October 16th 1876

Undertaker, Peter Frey

Place of Business, 41 Exeter St

James E. Donnell M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 Years, 10 Months, 5 Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 349 Lanvale St.

Cause of Death, {First (Primary.) Second (Immediate.)} Typhoid Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Ger. Prot. Cem.

Date of Burial, 16th Oct 1876

Undertaker, Wm. Jenkins Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philippa Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 89 *Years,* 10 *Months,* + *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England - In U.S. 70 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 64 Clark St

Cause of Death, {First (Primary.) Old Age — (Senility)
Second (Immediate,) Exhaustion

Duration of Last Sickness, Had been in bed for 3-6 mos & with Pneumonia from which death suddenly resulted

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 15th 1896

Undertaker, Lemmon & Mowen

Place of Business, 38 Park Ave.

Address 53 N. Green St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Spilker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Yes

Age, 3 4 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 231 Maryland Ave

Cause of Death, First (Primary,) Morbus Brightii chronic.

Second (Immediate,) Uraemia

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 15th 1876

Undertaker, Body Bros

Place of Business, 41 Hanover St

Henry Salzer M. D.
Medical Attendant.

Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Quail

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 112 Lee St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery.

Date of Burial, October 14th " 1876

Undertaker, F. N. Troll.

Place of Business, 90 S. Howard St.

J G Miller M. D.
Medical Attendant.

Address 87 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13418 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos S Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 191 N Front

Cause of Death, First (Primary,) Epilepsy (from fall?) for 17 years

Second (Immediate,) Fit

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 14th, 95

Undertaker, Jno. Hickman

Place of Business, 237 N. Gay St.

Edmund Rowalker M. D.
Medical ~~Attendant~~.

Address Coroner B. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Scott

Sex ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 10 Somerset St,

Cause of Death, { First (Primary,) Chronic Hepatitis / Second (Immediate,) Five years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16 Oct 9 O'Clock am

Samuel D. Powell *M. D.*
Medical Attendant.

Undertaker, Geo. C. Rutenning *Address* No 29 Hanover St

Place of Business, 38 Arch St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12/ 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Kent Holtzman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 7 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Mosher St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) a

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery J. P. Macelree M. D.

Date of Burial, Oct 14th 1876 Medical Attendant.

{ *Undertaker,* Hughes & Co corr Park ave

{ *Place of Business,* 150 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 13421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Barnes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Cd *Sex,*

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 4 King St. Ct.

Cause of Death, First (Primary,) Bright's Disease (Chronic)

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 15th 1876

Undertaker, Wm Jones Jr

Place of Business, 61 Mulberry St

Wm F. Lockwood M. D.

Medical Attendant.

Address Balto. Gen'l Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bird Mansbury

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 725 Madison Ave

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 4 mos —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Jos. C Benzing M. D.

Date of Burial, October 14th " Medical Attendant.

Undertaker, W A Daiger

Place of Business, 74 S Broadway. *Address* 319 Lancaster St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13423 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14. 1876 BALTIMORE

Date of Death, Oct. 14. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May L. McCanas

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~15~~ = *Years,* 15 *Months,* 0 *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number.} No. 3 Gettier St.

Cause of Death, {First (Primary,) Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'n

Date of Burial, Oct 15th 1876

G. L. Tanyhill M. D.
Medical Attendant.

{*Undertaker,* Chas T. Scriven

{*Place of Business,* 271 N. Eutaw st *Address* 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 19,424 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. H. Flowers

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, Same master

Place of Death, {Give street and number.} 4 Federal St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Bl. Co

Date of Burial, Oct 15 - 76

M. Taylor M. D.
Medical Attendant.

{ *Undertaker,* Jno I Redemayer
{ *Place of Business,* Address
Cor Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

Date of Death, October 12, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color ed *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 336 N. Howard St.

Cause of Death, First (Primary,) Fibrous occlusion of Pectum.

Second (Immediate,) Diptheria

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 1876

Undertaker, John C Jordan

Place of Business, 1263 Park Ave

B. B. Browne M. D.

Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, /

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} On B & O. R. R. Track near Pt. av. Bridge

Cause of Death, {First (Primary,) Accidentally / Second (Immediate,) Killed

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cimetery

Date of Burial, October 15th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

R. C. Lee M. D.
Method Attendant
Coroner S. D.

Address Hannan & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry B Ryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 135 Preston St Balto.

Cause of Death, {First (Primary,) Membranous Croup

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet H. W. Driggs *M. D.*

Date of Burial, Oct. 15 Medical Attendant.

{*Undertaker,* M A Daigh *Address* 166 W. Fayette St.

{*Place of Business,* 94 Bing

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Eckert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 34 yrs about

Place of Death, {Give street and number.} 280 Cross St.

Cause of Death, {First (Primary.) Dropsy

Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, Western Cemetry

Date of Burial, Oct 15th

{*Undertaker,* Henry Brick

{*Place of Business,* Harrietta St 81

H. M. Dodge M. D.
Medical Attendant.

Address 207 Ramsay St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13429

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October the 13th 1874.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~ {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 84 E. Population

Cause of Death, {First (Primary,) Dyspepsia

{Second (Immediate,) ~~Chronic~~ Enteritis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Thomas Opie M. D.

Date of Burial, Oct 15 Medical Attendant.

Undertaker, S B Cook.

Place of Business, 707 west Baltimore *Address* 398 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1976

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Weigand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* 24. *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of Saloon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - Hessen

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 264 S. Broadway

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of ~~Last~~ Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, St Alexanders Cemetery

Date of Burial, October 16th 1876

Undertaker, Leonhard Kurz

Place of Business, S. Bond Street No 222

Frank E. Baltzell M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wagner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* ____ *Days.*

Color, ____ *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 371 McDonogh St

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, 16 Oct

Undertaker, ____

Place of Business, ____ *Address* 341 E. Baltimore

S. W. Abbott *M. D.*
Medical Attendant.

OCT 15 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ferris,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Actor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Ireland 29 years in United States

Duration of Residence in the City of Baltimore. 3 weeks

Place of Death, {Give street and number.} 26 N. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy 4 hours;

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, Oct 17th 1876

Undertaker, Jno H Weaver

Place of Business, 22 Fayette St

J. M. Hanck, M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

(579 Transit)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13433 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 15 Years

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 140 Eastern Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 14th 1876

Undertaker, H. M. Gibney

Place of Business, Canton Ave

Address Commrs of Hlth

M. D.

Medical Attendant

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th of Oct, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Maurer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 205 S Bethanbert

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cmtry

Date of Burial, 15th of Octobr

Undertaker, John Braun

Place of Business, No 11 Wolfe st

Address 245 S Bethanbert

C Jaeger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 2 – *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kreindorff, Bavaria

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 209 N Howard St.

Cause of Death, First (Primary,) Mitral Insufficiency

Second (Immediate.) Heart Syncope

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Jewish Burial Ground Belair Road

Date of Burial, Oct 16th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Second Hill Avenue

Address

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Stiles St

Cause of Death, First (Primary,) Scarlatina Malignia

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 15th 1876

Charles M. Murphy M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, 63 North Front st *Address* 24 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

Date of Death, October 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Fifty four *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Married

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caulker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No. 90 Block St.

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Uraemia.

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Octo. 15 1876

Undertaker, M A Vaigu

Place of Business, 74 Bank

John S. Lynch M. D.
Medical Attendant.

Address 52 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Metz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~45~~ *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 2½ Years

Place of Death, {Give street and number.} 1 Stockholm

Cause of Death, {First (Primary.) Enlargement of the Liver
Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 17th

Stafford Bell M. D.
Medical Attendant.

Undertaker, Charles F. Hearn

Place of Business, 146 Hanover

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie May Davison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 97 S. Stricker St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) one week —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 16th

Undertaker, Wm. H. Leonard & Son

Place of Business, 72 N. Eutaw St.

W. R. McKenzie M. D.
Medical Attendant.

Address 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 134440 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] W. P. Scott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Greenmount Cemetery Res Cor Gilmor & Franklin

Cause of Death, {First (Primary,) Suicide / Second (Immediate,) by Morphia

Duration of Last Sickness, [illegible] death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 16 1876

Undertaker, Keyhoe & Co

Place of Business, 550 W Fayette St

Address [illegible]

Edmund Rowlett *M. D.*

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th A. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. F. Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 — *Years,* — 6 — *Months,* — *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ~~25 years~~

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Crowdentown Balt Co. Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 1796 Chapple ~~Street~~ St. S.

Cause of Death, {First (Primary,) Anasarca; Second (Immediate,) Gangrene of the limbs.}

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Crowdentown Balto

Date of Burial, Oct 16th 76

{*Undertaker,* Jno H. Weaver; *Place of Business,* Fayette st}

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balt. & Wash. sts.

OCT 16 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wilhelmina Luther

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md. life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 S. Broadway

Cause of Death, First (Primary,) Cerebral Fever

Second (Immediate,) Collapse

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, 16th Oct. 1876

Undertaker, Wm. E. Williams

Place of Business. 153 Main Street, Sth

James E. Duncan M. D.
Medical Attendant.

Address 19 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13424 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant — Mr. Gantt. Alberta Gantt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 86 Eloulane

Cause of Death, {First (Primary,) / Second (Immediate,)} Cyanosis — from Heart imperfection — Life

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 16th 1876

Undertaker, John L Macker

Place of Business, No 150 Camden

J. H. Carey M. D.
Medical Attendant.

Address 76 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 134454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16

Undertaker, M a Daigle

Place of Business, 74 B'way

M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Alexander Montgomery

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oct 14 76

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 47 S Caroline St

Cause of Death, {First (Primary,) Dys. Chron

Second (Immediate,)

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemet

Date of Burial, Oct 16 1876

Chas A'Donovan M. D.
Medical Attendant.

{*Undertaker,* Jas P. Byrne

{*Place of Business,* Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Baden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 12 Pine Street

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate.) Two hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery, Chas. H. Reff M. D.

Date of Burial, Oct 16 1876 Medical Attendant.

{*Undertaker,* D.B. Blackistone Address 306 N. Gayto Street

{*Place of Business,* 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Lewis Nauberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy five *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty Six yrs.

Place of Death, {Give street and number.} No. 85 North Bethel St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, Oct 16/76

Undertaker, C. Rossiter

Place of Business, 1362 Ingleside.

Wm. H. Glendenin M. D.
Medical Attendant.

Address No. 39 North Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 12 - Browning Ct

Cause of Death, {First (Primary.) ——

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 1876

Thomas Leslie *M. D.*
Medical Attendant.

Undertaker, C M Chase

Place of Business, No 195 Howard St—*Address* 145 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13144-9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 Years, 11 Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 N. Caroline St

Cause of Death, {First (Primary,) Intussusception

Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Millerstown Pa

Date of Burial, Oct 16th 1876

{*Undertaker,* W. H. Hickman

Place of Business, N. Gay St}

Buckler Jones M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie mau Hughes

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. W. Cor. Dayette St & Carollton Ave.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate.)

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 18th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

John Neff M. D.
Medical Attendant.

Address 568 W. Dayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REGARDS DEATH, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13457

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ara Amirta Everill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* Fifteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

~~Occupation~~, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. One month & fifteen days

Place of Death, {Give street and number.} 249 South Charles Street

Cause of Death, {First (Primary,) Natural / Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, October 17 1876

Undertaker, Charles A. Herold

Place of Business. 161 Hanover St

J. K. Wiley *M. D.*
Medical Attendant.

Address 252 Hanover Street
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest. Garrison

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* *Days.*

Color, Mulatto *Sex,* ~~Color~~ Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 171. N. Stoning

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 171. N. Stanie

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 3. mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery N. O Reilly M. D.

Date of Burial, 16th of Oktober Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 Bath Gay St *Address* 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

Date of Death, October 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry James Wall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 185 S. Bethel St.

Cause of Death, {First (Primary,) Scalding

{Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Ft. Pulaski

Date of Burial, Oct. 17th 1876

Undertaker, Henry Harden

Place of Business, 252 Canton Ave

James E. Donelle M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 13454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mimie Cunningham

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132. Pratt St East

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 17th 1876.

Undertaker, Richard Hall

Place of Business, 233 E Balto St

F. T. Miles M. D.

Medical Attendant.

Address 24. Cathedral St

OCT 16 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 13453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th of Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frau Johnty

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 71 S. Canton

Cause of Death, {First (Primary,)} Labor Pneumonia

{Second (Immediate,)} Paralysis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemy

Date of Burial, October 4

Undertaker, Fendrich & Eifel

Place of Business, 8 Bond st 151

J Fahey, M.D.
Medical Attendant.

Address 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

Board of Health, City of Baltimore,

Permit No. 13456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1896 BALTIMORE

Date of Death, Oct. 16th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Daley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 70 Block St.

Cause of Death, {First (Primary,) Typho-Malarial Fever / Second (Immediate,)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 17 October

{*Undertaker,* H. C. Hartman / *Place of Business,* 1 E. Baltimore St.}

James D. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ease remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th of Oct 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Katharina Bachman

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 0 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 120 E. Harmony Lane

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 120 E. Harmony Lane

Cause of Death, { First (Primary,) Erysipelas / Second (Immediate,) Enteritis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 17th 76.

J. R. Hedrick M. D.
Medical Attendant.

Undertaker, G. Bauer

Place of Business, 826 West Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 Saint Paul Lane

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eighteen (18) months

All the above information should be furnished by the Physician.

Place of Burial, Dulles St Cemetery

Date of Burial, Oct 17 1876

Undertaker, William Berger

Place of Business, No 10 ~~Courtland~~

H. E. Gilbert M. D.
Medical Attendant.

Address 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 28 Jackson St

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician

Place of Burial, St Patrick cemetery Edwd F. Michelland M. D.

Date of Burial, Oct 17 1876 Medical Attendant.

Undertaker, James P. Byrne

Place of Business, N° 63 N Front St *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 Sharp

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,) Gangrene
Set years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct. 18 - 1876

Undertaker, H W. Jenkins & Son

Place of Business, 16 Light St

H W. Webster M. D.
Medical Attendant.

Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Segerman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 138 N Calhoun

Cause of Death, First (Primary,). Infantile Dyspepsia

Second (Immediate,) inanition

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct. 18 1876

Undertaker, Wm Lenhan & Son

Place of Business, 16 Light St

F. E. Shabard Jr M. D.
Medical Attendant.

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Canada

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary.) Phthisis} {Second (Immediate.) Asthenia}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Lauten Park

Date of Burial, Oct 19th 1892

{*Undertaker,* Jno Schilling}

{*Place of Business,* 72 Penna Ave}

T. A Ashby M. D.
Medical Attendent.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Jane Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* [redacted] *Months,* 14 *Days.*

Color, wh d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 Orchard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Oct 17 1876

Undertaker, W. H. Bishop *Address* Commissioners Hall & Register

Place of Business, Druid Hill Ave

M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 134624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Allen Selden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* — *Months,* — *Days.*

Color, white *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Agent of Steam boat line —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 11 years —

Place of Death, { Give street and number. } Lanvale St — near Charles.

Cause of Death, { First (Primary,) Phthisis-pulmonalis et abdominalis
Second (Immediate.) ~~Marasmus~~ Apepsia-inanition

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va.

Date of Burial, Oct 18th 1876

Undertaker, Mr Jacob Weaver

Place of Business, 1216 Druid Hill Ave

BW Barton *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 581)

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 6 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Loretta Schilling.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 0 0 *Months,* 0 0 *Days.*

Color, ~~C~~ *Sex,* White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodhill Baltimore,

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 187 Fawn Street

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery — Jno J Fitzer. M. D.

Date of Burial, Oct 17 1876 — Medical Attendant.

Undertaker, P. Kummert

Place of Business, Mulberry St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ho attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elejah James

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 15 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 200 Little Wenler St

Cause of Death, {First (Primary,) ... / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, H. Pub Cemetery

Date of Burial, Oct 17th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information by Charles Brown Mcdurtz

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Rebecca Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 68 Jasper St

Cause of Death, {First (Primary,) Whooping Cough
Second (Immediate,) Convulsions & Strangulation

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 1876

Undertaker, John C Gordon

Place of Business, Park ave *Address* Commissioners of Health & Registration

~~Medical Attendant.~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John Taylor Father

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gorman

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 66 S. Regan

Cause of Death, First (Primary,) Bronchitis & Heart Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Edwd. F. Mechlin M. D.

Date of Burial, Oct 18th 1876 Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, 707 W. Balto St *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Thos Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 1 Parish alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Convulsions —

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 1876

Undertaker, John C. Jordon

Place of Business, Pratt ave

Address Commissioner of Health & Registrar

... *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Hannah Reed Asst Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1826

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Ashley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69. *Years,* 11. *Months,* 12. *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, U. S. Custom House officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick, Maryland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 273 Hollins St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)}

Duration of Last Sickness, About 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial,

Undertaker, Hy W. Jenkins & Son

Place of Business, 16 Light St

C. R. Gaither M. D.
Medical Attendant.

Address 372 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Francis 583)

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jordan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter ~~Carpenter~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Convent of Visitation, Park st

Cause of Death, {First (Primary,) / Second (Immediate,)} Fell from a scaffold, accidentally

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Govanstown

Date of Burial, Oct 18th 1876

{*Undertaker,* Chas T Scriven / *Place of Business* 271 N Eutaw st} *Address*

Geo C Gile Comm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 134972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Adler.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 13 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 243 W. Lombard St.

Cause of Death, {First (Primary,) Pulmonary Congestion, Second (Immediate,) 11 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, Oct. 18th

John L. L. Frazer *M. D.*
Medical Attendant.

Undertaker, C. Hollander & Sons

Place of Business, No 22 W. Pratt St. *Address* City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joliin Jennifher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} Mont Jennick St near howard

Cause of Death, First (Primary,) Tuberculosis Pulmonum

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 76

Undertaker, W H Mason

Place of Business, 191 Howard St

W. D. Gill M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} James Lively

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Abont 68 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Talbot Co Maryland

Duration of Residence in the City of Baltimore, about fifty years

Place of Death, {Give street and number.} 104 Chesnut St

Cause of Death, {First (Primary.) Senile Catarrh / Second (Immediate,) Apnea

Duration of Last Sickness, Indefinite. Probably three months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 18th in 1876

D W Cathell M. D.
Medical Attendant.

Undertaker, William H. Dinges

Place of Business, 110 East St Address 1/2 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. S. L. Powell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 426 Light St

Cause of Death, {First (Primary,) Congestive Fever / Second (Immediate,)}

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 11 - 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Julius Hulle M. D.
Medical Attendant.

Address Southern Dispensary
40 S. Conway St

OCT 10 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 132476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry [redacted] Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} 899 N. Pratt

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Jno. G. Heiskell M. D.

Date of Burial, Oct 18 Medical Attendant.

Undertaker, John P. Poulson Address Carroll P.O.

Place of Business, 66 Frederick Ave Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Matilda Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, fifty five *Years,* — *Months,* Twelve *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 443 Calhoun St.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Inanition

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. H. Christian *M. D.*

Date of Burial, 19th Oct/76 Medical Attendant.

Undertaker, Hyn. Smith & Son *Address* 431. Penna. Ave.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Maggie Seng

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 2 *Months,* 27 *Days.*

Color, White *Sex,* ~~Female~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, (Ever since birth)

Place of Death, {Give street and number.} 52 Brune Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 19 76

Undertaker, Henry Brice

Place of Business, Hanover St 84

J. Gilbrans M. D.

Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Schlifga

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Barnet St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 18th 1876

Undertaker, Henry Hoeck

Place of Business, Centralia

M. D.

Address Commr of Health & Registrar

OCT 16 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wight

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 292 N. Bond St.

Cause of Death, {First (Primary,) Dilatation of heart
Second (Immediate,) General dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, near Catonsville

Date of Burial, Oct. 19th, 1876

Undertaker, William H. Hickman

Place of Business, 234 N Gay St

H. Hartman M. D.
Medical Attendant.

Address 1305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Whitely

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 years, ——— *Months,* ——— *Days.*

Color, White *Sex,* Woman

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster City Pennsylvania

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number.} 127 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Senile Exhaustion,

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 19th 1876

Thomas Shipley, M. D.
Medical Attendant.

{*Undertaker,* Thos Jacob Weaver / *Place of Business,* No 64 & 66 South Hill Avenue} *Address* No 96 Center St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct Oct 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Betty Affelder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 310 W Lemard

Cause of Death, First (Primary.) Congestion of the Brain

Second (Immediate,) ——

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Temple

Date of Burial, Oct 18

A Bruce Arnold M. D.
Medical Attendant.

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, forty three *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 110 S. Schroeder St

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,) Delirium Tremens

Duration of Last Sickness, Five Days

All the above Information should be furnished by the Physician.

Place of Burial, Loyal cemetry

Date of Burial, oct 18. 1876

Undertaker, S M. Chase

Place of Business, 194 & 196 Howard st

Whitfield Riney *M. D.*
Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 134824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Seibel

~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 1 *Months,* 11 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married never known to become of husband left home 30 years ago

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years 4 months

Place of Death, {Give street and number.} 45 Light St

Cause of Death, {First (Primary,) Dropsy

{Second (Immediate.) Paralysis of Heart Paralysis

Duration of Last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial, Western ~~Baltimore~~ Cem.

Date of Burial, Oct 19th 1876

C. W. Wellman M. D.
Medical Attendant.

Undertaker, C. Reinhold

Place of Business, 160 Forke St Address 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Finley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 92 *Years,* 8 — *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give street and number.} 89 N. High St

Cause of Death, {First (Primary,) Gastro-Enteritis, Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Oct 19 1876

Undertaker, Jas P. Byrne

Place of Business, Front St

J. N. Hack M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Ann Walsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} 208 N Bond St

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,) Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 19th/76

Undertaker, Geo Schilling

Place of Business, Kinsmith & Monuments

Wm. L. Russell *M. D.*
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Streit

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Holford

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hemorrhage (according to Statement of father

Duration of Last Sickness, 15 Mos. This boy was in my charge for 3 mos. preceding the 2 Jany 76 since which time I have not seen him. He then suffered from Tuberculosis

All the above information should be furnished by the Physician.

Place of Burial, (Private) Ref. 18 Oct 76

Date of Burial, Oct 19 1876

Oscar J. Cokery M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 309 Central Ave *Address* 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Manning Gaines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* *Days.*

Color, Fair *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 501. Mc Elroy St. Extended.

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Malignant Diphtheria

Duration of Last Sickness, Three Weeks.

(All the above information should be furnished by the Physician.)

Place of Burial, Mt Olivet Road

Date of Burial, Oct 19/76

E. W. Gordon M. D.
Medical Attendant.

Undertaker, Murphy

Place of Business, 5th n Broadway *Address* 164 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Meakin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter, Cutter, Real Estate

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Derby, England

Duration of Residence in the City of Baltimore, Since A.D. 1819.

Place of Death, {Give street and number.} Boundary Ave. near John St.

Cause of Death, First (Primary,) Alcoholism

Second (Immediate,) Meningitis.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct. 20. 1876

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Mr Jacob Myers

Place of Business, 1201 Park St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Dunn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 2 *Months,* ——— *Days.*

Color, ——— White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer on Oyster-boat

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. (Dublin)

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Supposed softening of Brain

Second (Immediate,) Post mortem not allowed

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, St Patrick Cemetery

Date of Burial, October 19th 1876

Undertaker, Henry de Mears

Place of Business, 45 North gay St

A. L. Wolfe M. D.
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAF

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octb. 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bertha Ahrens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 239 West Balto. Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Ho

Cause of Death, First (Primary,) Burns

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Octr, 20th 1876

H. Ahrens *M. D.*
Medical Attendant.

Undertaker, John S Macher

Place of Business, No 150 Camden *Address* 95 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 October 1871

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah M. Draper

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 45 *Years,* 6 *Months,* 1 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housework

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 151 E Fayette bet Holland & Paca

Cause of Death, { First (Primary,) Febris Nervosa

Second (Immediate,) for days sick

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, 20 Oct

{ *Undertaker,* Fridrich Gaede

Place of Business, c/o. 185 E. Pratt St *Address*

Robt H Sinclair *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7001-76

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 7 *Months,* 7 *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Homestead Baltimore Co Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 15 Chew St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 19 76

Undertaker, John I Rodemayer *Address*

Place of Business, Cor Fremont and Monument Sts

F. F. Smiles M. D.
Medical Attendant.
189 Augusta St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18th, 96.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Geo. Baxter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, Ten Months, — Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Ten months.

Place of Death, {Give street and number.} 336 N. Gay St.

Cause of Death, { First (Primary,) Pneumonia.
Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 20th 96

Undertaker, Wm. B. Schmidt

Place of Business, 263 Forest

W. C. Ireland M. D.
Medical Attendant.

Coroner E. Dirk
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Phillips

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* —— *Months,* —— *Days.*

Color, White —— *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} 149 E Washington St

Cause of Death, {First (Primary,) Tubercular disease of Intestines

Second (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Friday Oct 20th/76

{*Undertaker,* W. A. Daiger

Place of Business, 94 S. Broadway

S. T. Perkins M. D.
Medical Attendant.

Address 62 E. W. Thwaites Mt or 62 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna. Mueller.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 39 — *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, do —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25. years —

Place of Death, {Give street and number.} No 6. S. Monument St

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,) Cardiac - Dropsy with Pericarditis —

Duration of Last Sickness, about 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 12th 1876

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 N Front St

[illegible] M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight [illegible]s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the [illegible]e ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] except in cases of births and deaths of illegitimate children

[OVER.]

No. 13497

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 20 Wilcox St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Inflammation of the brain one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 20 1876

Undertaker, James O Byrne

Place of Business, No 63 n Front St

J. A. Grimes M. D.

Medical Attendant.

Address 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 134

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander McIntosh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* × *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto - all his life

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 4 Federal St -

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion -

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, Oct 20th 1876

Undertaker, Chas I Scriven

Place of Business, 2711 Eutaw St

W. H. Kemp for J. L. Tampliet M. D.
Medical Attendant.

Address 129 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 134

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13.499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kleinsmith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 Johnson St.

Cause of Death, {First (Primary,) Enteritis / Second (Immediate,) Marasmus}

Duration of Last Sickness, 3 or 4 mo.

All the above information should be furnished by the Physician

Place of Burial, Bait Cemetery

Date of Burial, October 20 1876

Undertaker, Charles F. Herwig

Place of Business, 161 Hanover St

R. L. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12

...spectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael J Hayden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 22 *Years,* 8 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co. Md

Duration of Residence in the City of Baltimore, — 5th years

Place of Death, { Give street and number. } 94 Pine st

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, Oct 20th 1876

Undertaker, J B Lurk

Place of Business, 704 W Baltimore Street

A A Lurk M. D.
Medical Attendant.

Address 523 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No:

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,501.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Oct 1870

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Thos Sin.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balti

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } #182 McHenry St Pittsin's

Cause of Death, { First (Primary,) Second (Immediate,) } Dis Mesy

Duration of Last Sickness, Dis Mesy

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 20th 1870

{ *Undertaker,* J. B. Booth
{ *Place of Business,* No 707 N Baltimore street

Geo H. Taylor M. D.
Medical Attendant.

Address #1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13502

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* 20 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 821 N Baltimore St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 20th 1876

Undertaker, J. H. Cook

Place of Business, No 707 W Baltimore Street

W. G. Leguen *M. D.*

Medical Attendant.

Address 17 N Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicians who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1 3

...ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFI...

Board of Health, City of Baltimore,

Permit No. 13,503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bell,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 28. *Years,* *Months,* *Days.*

Color, Black

Married, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 Wind St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, Oct 20 1876

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

Johns. P. A. Bryan *M. D.*
Medical Attendant.

Address City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 13504.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Casper Neubeaner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 93 Leadenhall

Cause of Death, {First (Primary,) / Second (Immediate.)} Inflammation of Liver

Duration of Last Sickness, 3 or 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 22 th

Undertaker, Henry Boice

Place of Business, Hanover St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13505

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13505.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th, 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lobus L. Groff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Twenty three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hoffman Lt., Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 14 Hoffman Lt, near Washington Av.

Cause of Death, First (Primary,) Stenosis Oesophagus

Second (Immediate.)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 of October.

W. W. White, M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 Fell Gay St Address 361 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Especially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13506

Board of Health, City of Baltimore,

Permit No. 13506.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 91 So. Durham

Cause of Death, {First (Primary,) Intermittent Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 14 Days

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Oct 20th 1876

Undertaker, John W. Locke

Place of Business, 519 S. Wolfe St

Address 91 So Durham

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 13.507 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th Oct. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Klingelhoefer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* . *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 8 E. Eutaw st

Cause of Death, First (Primary,) Typhoid intermittent

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 20th 1886

Undertaker, H. Rockhold

Place of Business, 246 Eastern Ave.

Address [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13,508

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edgar Mules.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} "

~~Occupation~~, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 32 month 18 days -

Place of Death, {Give street and number.} 389 Franklin St -

Cause of Death, {First (Primary,) Carnat

{Second (Immediate,) Scarlet Fever -

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, Western cem E. A. Ward M. D.

Date of Burial, Oct 21 - 1890 Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13509

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grain Runner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dont know

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 21 Lombard St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 20

Undertaker, C H Blizard

Place of Business, 201 Penn ave

Hummert Jr M. D.
Medical Attendant.

Address 190 Penn ave & 414 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13,870

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie M. Russel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Harford Ave.,

Cause of Death, First (Primary,) Scarlatina Malygna

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 21st/76

Undertaker, Geo. Schilling

Place of Business, Aisquith & Monument St

Wm. B. Billingslea M. D.
Medical Attendant.

Address Cor Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hazel Hiscott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 0 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 21 Barnes Street

Cause of Death, First (Primary,) Gastric Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfons Cemetery

Date of Burial, 20th of October

Undertaker, Adam Fink

Place of Business, 461 Pratt Gay ~~st~~

James E. Smith M. D.
Medical Attendant.

Address 279 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REFERRED TO IN REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13512 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Henschel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 60 Penna Ave

Cause of Death, First (Primary.) ; Second (Immediate,) General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Octo. 22d 1876

Undertaker, H. Henschel

Place of Business, 60 Pennsylvania

J. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brantin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 m 11 *Years,* 3 *Months,* ——— *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 120 N. High st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) 13 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Octo. 21st 1876

Undertaker, Jos. Byrnes

Place of Business, Front st

D. F. Boyer M. D.
Medical Attendant.

Address 134 High st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13514 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Frederick Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Scott & Sheffield Ave

Cause of Death, {First (Primary.) Septicaemia Cause Unknown

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 21st 1896

C. J. Johnston M.D.
Medical Attendant.

Undertaker, John A Wachter

Place of Business, No 150 Camden Address 103 S Paca St

for C. J. Butchett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Theodore Donaldson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ~~5~~ *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lexington & Carlton Streets

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 21st 1876.

Chas M Nef M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 306 N. Bryden Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Particularly invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Woodruff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, duff time

Place of Death, {Give street and number.} N Charles St

Cause of Death, {First (Primary,) ... Second (Immediate,) Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cem

Date of Burial, Oct 20th 1876

Undertaker, Jacob Weaver

Place of Business, 416 Druid Ave

Chas A Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13341

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Flood

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wexford (Ireland)

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First (Primary,) old age

Second (Immediate,) cold inflammation of the lungs

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 21st 1876.

Undertaker, Henry Shultheis

Place of Business, Monument St

D. J. Gibbons M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13518

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Adam Horning

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Year, 4 Months, 1 Day.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 216 Alice Anna St.

Cause of Death, First (Primary,) difficult Dentition

Second (Immediate,) accompanied by entero colitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, 22d October.

John H. Rehburger M. D.
Medical Attendant.

Undertaker, Henry Bein.

Place of Business, No. 252 Aliceanna St.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 13,879

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Flick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

~~Color~~, *Single,* ~~Married, Widowed~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 271 Durham St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, St. Pauls Cemetery

Date of Burial, October 31st

Undertaker, Wendelin Diffpel

Place of Business, S. Bond St 151

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13320

...ociation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ( ) *Years,* *Months,* 7 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.° City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 11 Sterling St.

Cause of Death, First (Primary,) ... Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Oct.° 22 1896

Undertaker, Wm Dungie

Place of Business,

M. D.

~~Medical Accountant.~~

Address Comm.° of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Tucker

[OVER.]

No. 13521

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,521.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. ~~Harriet~~ Caroline O. Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow ~~or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} #40. Henrietta St.

Cause of Death, First (Primary,) Acute consumption

Second (Immediate,) of the Lungs.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery W. T. Howard M. D.

Date of Burial, Oct 22 1876 Medical Attendant.

Undertaker, C. F. Harold *Address* 181 Mad. Av.

Place of Business, 181 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10522

Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13522.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rebecca Wonder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* ..... *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City —

Duration of Residence in the City of Baltimore, 4 years & 4 months

Place of Death, {Give street and number.} 80 N. Wolfe St —

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, Oct-22 1876

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Rice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years 11 m

Place of Death, {Give street and number.} 320 Hanford ave.

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem. A. G. Watson M. D.

Date of Burial, October 22 1876 Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 309 Central Ave Address 434 N. Central ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schuchandt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N° 238 Hanover Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Blood Empoisoning

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 22th 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

...ctfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Murdock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 6 *Months,* 14 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 99. Hargrove alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Hargrove alley

~~*Cause of Death,*~~ ~~First (Primary,)~~ Saw this patient-too late to make any diagnosis- Mother could give no history of the case.-

Second (Immediate,)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21 1876

Undertaker, John E Jordon

Place of Business, No 63 Park Ave

E Ware M. D.
Medical Attendant.

Address 51. N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abby Hopkins.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore. 65 Years.

Place of Death, {Give street and number.} 452 W Lexington St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age,

Duration of Last Sickness, Declining for the Past 18 Months,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetary.

Date of Burial, October 22d 1876

Undertaker, Joseph. B. Cook

Place of Business, 707 W. Baltimore st.

John. I. A. Buzby M. D.
Medical Attendant.

Address City,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A

No. 13521

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13.577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rev Richard Fuller

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Baptist Clergyman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Beaufort South Carolina

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give street and number. } 87 Park st

Cause of Death, { First (Primary,) Malignant Pustule / Second (Immediate,) Septicaemia & Cyanosis

Duration of Last Sickness, six weeks –

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Oct 22 /76

{ *Undertaker,* J Godey & Son / *Place of Business,* 41 Hanover St

James A Steuart M. D.
Medical Attendant.

Address 93 Park st –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,828. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19. 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Warfield

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* ____ *Months,* 9. *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 1 Calemans Court.

Place of Death, {Give street and number.} 1 Calemans Court.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, WBP Cemetery

Date of Burial, Oct. 21. 1896.

Undertaker, W H Perry

Place of Business, 1 Thatch St

~~*Medical Attendant*~~ *M. D.*

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Mother

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,529.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Stotts.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 73 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Boot & Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and number.} 61 N. Caroline St.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 22, 1876

Undertaker, H. A. Dreyer

Place of Business, 74 S. Broadway

Sam'l F. Duvall M.D.
Jas. F. Duvall M. D.
Medical Attendant.

Address 224 Carrollton Ave.

*Mrs S was a patient of my Brothers before she left the city Sam'l F. Duvall
Certificate.* Jas. F. Duvall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13,530.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah Cullison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Proprietor of Feed Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 87 Pennsylvania Ave

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, October 22nd 1876

J. J. Knight M. D.
Medical Attendant.

{*Undertaker,* Mr Jacob Weimer
{*Place of Business,* 164 & 6 Druid Hill Avenue *Address* 42 N Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ase refer to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,531.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Adelup

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 14 *Days.*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt: City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 1 Selden St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct: 22 1876

Undertaker, J. Ross

Place of Business, 180 West St

Address Com: of Health

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sister

[OVER.]

Respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13532.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Leighton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 108 Middle Lane, E.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. H. White, M. D.

Date of Burial, 25 Oct 4 O'Clock Medical Attendant.

Undertaker, George C Redemeyer Address No 341 N. Broadway

Place of Business, 38 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15533.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily S. Nicholley.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number.} 511. N Gay St.

Cause of Death, First (Primary,) Metro-peritonitis.

Second (Immediate,) Metro-peritonitis.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 22d 1876

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

W C Van Bibber M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

This Certificate.

Board of Health, City of Baltimore,

Permit No. 13534 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Small

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 7 Days.

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} none Balto. life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Bloss alley

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 31 1876

Undertaker, J Gordon & Son

Place of Business, Park St.

M. D.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... this Certificate.

Board of Health, City of Baltimore,

Permit No. 13,595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Bentel

Sex, ~~*Male or Female,*~~ { Cross out the word not required in this line. } ...

Age, 0 *Years,* 0 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } "

~~*Occupation,*~~ "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } Hudson St no number

Cause of Death, { First (Primary,) Infantile urticaria
Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 22d 1875

Undertaker, Chas T Scriven

Place of Business, 271 W Fayette st *Address*

E. A. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia W. Ferguson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Local County, Maryland

Duration of Residence in the City of Baltimore, More than 40 years

Place of Death, {Give street and number.} 154 Park Avenue, Baltimore Md

Cause of Death, { First (Primary,) Rheumatism.
Second (Immediate,) Brights Disease

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery John Morris *M. D.*

Date of Burial, October 23rd 1876 Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 N. Fayette St *Address* Cor. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 "Month 20" 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Peters

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 74 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 74 years.

Place of Death, {Give street and number.} 33 Lexington St.

Cause of Death, {First (Primary.) Softening Brain

Second (Immediate.)

Duration of Last Sickness, about 18 months.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Burrying Ground

Date of Burial, October 23rd 1876.

Undertaker, John L. Weaver

Place of Business, #22 W. Fayette St

H. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...numbers below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13588 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Johnson,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ 1/4 *Days.*

Color, colored,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} 11 N. Castle St.

Cause of Death, First (Primary,) Suffocative catarrh,
Second (Immediate,) Asthma,

Duration of Last Sickness, four days,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21st 1886

Undertaker, John W. Locke

Place of Business, 59 S. Wolf st

G. Glauville Rusk M.D.
Medical Attendant.

Address Bet. 7 and 8 sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13539.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 704. W. Pratt St

Cause of Death, First (Primary,) Diarhoea

Second (immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Oct 23, 1876

Undertaker, John S Mackie

Place of Business, No 150. Canden

Edwd F. Buchholland M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below. And to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1876 BALTIMORE

Date of Death, October 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Owings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* unknown *Months,* unknown *Days.*

Color, white. *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, day - worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Lifetime.

Place of Death, {Give street and number.} 570 Hanover Street

Cause of Death, First (Primary,) chronic Pneumonia.

Second (Immediate,) miliar Tuberculosis (acute)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, 10/22nd 1876

Undertaker, J B Loats

Place of Business, No 767 W Baltimore Street *Address* 165 W Lanvale St

Henry Sater M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Items as below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline C. Hardesty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Forty five *Years,* eight *Months,* thirteen *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number.} No. 31 S. Bond St.

Cause of Death, {First (Primary,) Consumption

Second (immediate) Nineteen Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mon. Oct 23rd 10. A.M.

J. Clark Glaze M. D.
Medical Attendant.

Undertaker, Reed Hall

Place of Business, 333 C. Balto.

Address 54 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of such death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

1

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ensor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 711 N Paca St

Cause of Death, First (Primary,) Cirrhosis of Liver, Chronic Diarrhea

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Oct 23rd 1876

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street *Address* 17 N Calhoun

W C Rigdon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lentz

~~Sex,~~ ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, Black

~~Married,~~ ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Co Maryland

Duration of Residence in the City of Baltimore. 35 yrs

Place of Death, {Give street and number} No 1 Davis St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Five month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 22d 1876

Undertaker, Wm Fraser Grape

Place of Business, 65 Madison St

H. C. Bryan, M. D.
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* — *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 113

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavarian 40 yrs

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 101 Druid Hill ave

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Oct. 23d 1876

Undertaker, Jacob Warner

Place of Business, Druid Hill ave

Address Commrs of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases~~ of births and deaths of illegitimate children.

Information by - John Crane - Brother in law

[OVER.]

Board of Health, City of Baltimore,

Permit No. 135745 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonhard Luther

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria (Germany)

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 292 S. Bond St

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician

Place of Burial, St. Johnsons Cemetry

Date of Burial, October 22

{*Undertaker,* Mendelin Dippel

{*Place of Business,* S. Bond st 151

L C Niedermiller M. D.
Medical Attendant.

Address 12 S Edenst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eastha Flanegan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Labrini Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} No 29 S. Paca St B. C

Cause of Death, {First (Primary,) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 23 1876

{*Undertaker,* James P Byrne / *Place of Business,* No 63 N Frent St}

Dembo W. Hood M. D.
Medical Attendant.

Address No 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22 d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Sullivan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 S. Washington St

Cause of Death, First (Primary,) Sun Stroke

Second (Immediate,) Paralysis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 24 1876

Undertaker, H. M. Gibmeyer *Address* Commiss of Health & Registrar

Place of Business, Canton Ave

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 135248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis J. Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 604 N. Lombard St

Cause of Death, {First (Primary,) Asthma & Heart Disease

{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet A. L. Shuck M. D.

Date of Burial, Oct 23rd Medical Attendant.

{*Undertaker,* Wm. H. Leonard & Son

{*Place of Business,* 7 S. Gay St. *Address* 379 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28. *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Comty. Catonsville

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} Lemmon St. cor Payson

Cause of Death, {First (Primary,) Pulmonary Tubercle / Second (Immediate,)}

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 23rd.

Undertaker, J. P. Paulus

Place of Business, 66. Fred Aven

D. Blake Owings, M. D.
Medical Attendant.

Address 86. Fred. Aven

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml W Chase C. M. Chase no name except Chase Twin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Howard

Cause of Death, {First (Primary.) {Second (Immediate.)} i Cyanosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23. 76

Undertaker, S Wilson

Place of Business, 19[illegible]

H. W. Webster M. D.
Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo T. Chase [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Howard st

Cause of Death, {First (Primary.) / Second (Immediate.)} Unknown. (Probably Cyanosis ?)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23 76

Undertaker, G W Webster

Place of Business, 198 Howard st

H W Webster M.D.
Medical Attendant.

Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 Y, *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 17 East St

Cause of Death, {First (Primary,) Consumption

Second (Immediate.) 3 Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Albury Evergreen

Date of Burial, Oct 23 1876

J. N. Windsor M. D.
Medical Attendant.

Undertaker, Wm W Dunzee

Place of Business, No 104 east st *Address* 134 N. Exeter st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H A. Bright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 9 Saulsbury Aly,

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, abt 3 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Geo. L. Kinnemon M. D.

Date of Burial, Oct 23 1876 Medical Attendant

Undertaker, Wm H Dunger *Address* 73 E. Pratt St.

Place of Business, No 104 east st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 23 1876 BALTIMORE

Date of Death, Oct 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Schilling

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 72 Penna Ave

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 25

J. G. Keller *M. D.*
Medical Attendant.

Undertaker, H. Schilling

Place of Business, 72 Penna Ave *Address* 84 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ers on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rode

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 217 Battery Ave.

Cause of Death, {First (Primary,) ... Spasms. / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 23 1876

Undertaker, Wm Rode

Place of Business, 117 West St

C. E. Dunington M. D.
Medical Attendant.

Address 821 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Middleton Bradford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Greenmeadow St.

Cause of Death, First (Primary,) ——— Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23 1876

Undertaker, Jch C Jordan

Place of Business, No 63 Park Ave

D. H. Kelly M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philipp Scharff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 51 Harrison Street

Cause of Death, First (Primary,) carcinoma of the stomach

Second (Immediate,) cachexia

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, October 23d 1876

Undertaker, Charles Rossberg

Place of Business, 136 East Stre

H Salzer M. D.

Medical Attendant.

Address 165 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Native of Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 77 Union St

Cause of Death, First (Primary,) Diffuse Chronic Peritonitis

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 1892

W M Autrim M. D.
Medical Attendant.

Undertaker, L. L. Chalmers

Place of Business, Penn Ave

Address 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wenyard H. Travers

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, (Previous) Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Aged Men's Home

Cause of Death, {First (Primary,) Trismus / Second (Immediate,) Oedema of Glottis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Geo H. Eyler M. D.

Date of Burial, Oct 24, 1876 Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St *Address* # 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

...ase of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct- 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arabella. F. Bregel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 16. *Months,* ..... *Days.*

Color, ...

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City -

Duration of Residence in the City of Baltimore, 16 months -

Place of Death, {Give street and number.} 32 Miller st -

Cause of Death, {First (Primary,) Scarlet - Fever

{Second (Immediate,) Congestion Brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23 / 876

{*Undertaker,* John J. Bodenmayer

{*Place of Business,* S.E. cor. Greenmount Ave & Monument St

Address Broadway & Fraderick Wh

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 13561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, / Months, / Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Spasm

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, 24 Oct. 1876

{*Undertaker,* Saml. Bowen

{*Place of Business,* 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

...LENT OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward K. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 — Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. ——

Place of Death, {Give street and number.} Madison St.

Cause of Death, First (Primary,) Heart Disease.

Second (Immediate,) ——

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 24 1876

Undertaker, Cuffley

Place of Business, 524 Broadway

M. D.
Medical Attendant.

Address 137 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22th. October 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Luckhardt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give street and number.} S. Chapelst. 130

Cause of Death, {First (Primary.) Second (Immediate.)} Meningitis cerebro spinalis infantil.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Limit

Date of Burial, October 23th 1876

William Hamel M. D.
Medical Attendant.

Undertaker, H. M. Gibsoneyer

Place of Business, 311 Canton Av. *Address* S. Wolfest. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LOCATION OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Groth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, about 40 years,

Place of Death, {Give street and number} No 118 E Fayette st Balto. Md

Cause of Death, {First (Primary,) Pleuro-Pneumonia. Second (Immediate,)}

Duration of Last Sickness, about 7 Days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Dec 25 1876

Undertaker, Chas Koerner

Place of Business, 136 E Fayette

J. Ridgeway Snader M. D.
Medical Attendant.

Address, No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1876 aged 1 year 4 months

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Wilson born Centreville Queen A. County

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 22 Vincent St.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 25th 1876

Undertaker, W. H. Dungee

Place of Business, No 104 East St. *Address* No 11 S. Arlington Ave

H. M. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person during last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 76 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Kellum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Amity St

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,) Spasms

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1876

Geo. H. Dart M. D.
Medical Attendant.

{*Undertaker,* Wm N. Dunger / *Place of Business,* 110 104 East St.} *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Henry Riker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Homestead Pr Baltimore Co

Duration of Residence in the City of Baltimore, 5 yrs 2 mos

Place of Death, {Give street and number.} 52 North Dallas St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 25th 1876

Egerton *M. D.*

Medical Attendant.

Undertaker, Wm H. Lange

Place of Business, 100 & 104 East St. *Address* 181 E Mo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kett

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex;* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Suicide by hanging

{Second (Immediate,) (Coroners Jury Verdict)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E Pub Cemetery

Date of Burial, Oct 18th 1876

Undertaker, Chas Shuster

Place of Business, E Pratt St

Edmund Rr Aiken M. D.

~~Medical Attendant.~~

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13519

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23 10.30 pm.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Dorr.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty four years.

Place of Death, {Give street and number.} 235 ~~South Eutaw~~ South Honover Str.

Cause of Death, { First (Primary,) Second (Immediate.) Ovaria Tumors?

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Oct 25

{ *Undertaker,* Henry Brill
{ *Place of Business,* Gennett st 81

John J. Fiser. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine D. Coffee

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 40 Eager St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 24th 1876

Charles Lounder M. D.
Medical Attendant.

Undertaker, J. H. Bigane

Place of Business, Liberty St

Address 59 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brass

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coffee Roaster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 89 Barnet

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Octr 25th 1876

Undertaker, John S Macher

Place of Business, No 150 Camden

H. W. Webster M. D.
Medical Attendant.

Address 59 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13572

Permit No. 13572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 221 Hamburg St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 24, 16

R. M. Hall *M. D.*
Medical Attendant.

Undertaker, Samuel H. Chase

Place of Business, 19 W. Hamburg St. *Address* 266 Sharp St.

OCT 24 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13.5773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 51, Pine St.

Cause of Death, {First (Primary,) Pharyngitis

Second (Immediate,) —

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Oct 24

Edwd. F. Buehrland M. D.
Medical Attendant.

{*Undertaker,* P. Kimmel

Place of Business, 311 Mulberry

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ase refer to list of diseases on back of this Certificate.

Board of Health, City of Baltimore, 13574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13574,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kaul

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3. *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Little walsh St.

Cause of Death, First (Primary,) Membranous croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. Chas Fawcett M. D.

Date of Burial, October 24th 1876 Medical Attendant.

Undertaker, Andrew Seitz

Place of Business, 112 Druid Hill Ave *Address* 93 Woodyear St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REFERRED TO IN REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore, 13575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Pinafore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore. 14 days.

Place of Death, {Give street and number.} 79. N. Fremont St.

Cause of Death, First (Primary,) Umbilical Hemorrhage

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Oct 25th 1876

Undertaker, P Kennivert

Place of Business, Mulberry St Address 226 Mulberry St.

Louis H Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13576

Permit No. 13576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Marin Moore.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Molly E Moore female

Age, 3 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, col

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Myrtle av. 3 hours

Cause of Death, {First (Primary.) / Second (Immediate.)} Deficient Physical power of Life / Asthenia

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker, Louis L. Horn

Place of Business, Address 226 Mulberry St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore, 13577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13.577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hessely

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, one *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} # 281 N Durham st

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Houses Cemetery

Date of Burial, October 24 1876

Undertaker, Henry Hoch

Place of Business, 304 Central Ave

Dr Rinkenwitz M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13578

Permit No. 13578.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 1846

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary A Bowen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} No 618 Lombard St.

Cause of Death, First (Primary,) Chronic Gastritis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 25

Charles A Leiper. M. D.

Medical Attendant.

Undertaker, Fiddeck

Place of Business, 707 W St Baltimore Address No. 267 Druid Hill Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 13579

Permit No. 13579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Henry Layman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 156 N. Bethel Alley

Cause of Death, First (Primary,) Spasms

Second (Immediate,) ~~Life~~

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial Gr

Date of Burial, Oct. 26th 1876

Undertaker, Wm Fry

Place of Business, Cor Fayette & Broadway

Address .....

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13580

Permit No. 13580 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Patrick McNeal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 Week *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Forrest St.

Cause of Death, {First (Primary,) Convulsions; Second (Immediate.)}

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 25 1876

Chas Albert M. D.
Medical Attendant.

{*Undertaker,* James D Byrne
Place of Business, No 63 W Fayette St *Address* 265 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 13581

Permit No. 13581 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Green & Lombard Sts

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmer & Prestman

Cause of Death, First (Primary,) Syphilis Congenital

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 24

Undertaker, C W Blizzard

Place of Business, 201 Pen ave

Thos S Latimer M.D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13582

Permit No. 13582 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 October 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Hayward

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 0 3. *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Magistrate,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lexington, Mass.

Duration of Residence in the City of Baltimore. 46 Years

Place of Death, {Give street and number.} 320 Franklin St.

Cause of Death, {First (Primary,) Bright's Disease of Kidneys

{Second (Immediate.) One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery. C. F. Hall, M. D.
Medical Attendant.

Date of Burial, October 25th 1876

{*Undertaker,* Mrs Jacob Weaver

{*Place of Business,* No 4 & 6 Druid Hill Ave *Address* 231 Franklin St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 13583

Permit No. 13583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th month 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during his life

Place of Death, {Give street and number.} 24 N. Front St.

Cause of Death, First (Primary,) Softening Brain

Second (Immediate,)

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial ground Holland Rd

Date of Burial, Oct 25. 1876

Undertaker, Thos S. Hughes

Place of Business, 60 E. Balto. St

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sherman

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color,

Married, ~~Single,~~ *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, ~~25 days~~ 42 years

Place of Death, {Give street and number.} No 186 S. Register

Cause of Death, {First (Primary,) Dropsy / Second (Immediate,)

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Oct 25th 1876

Undertaker, J. C. Schue

Place of Business, 263 Aliceanna

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13585

Permit No. 13585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4. 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Tiffey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore. 29 years

Place of Death, {Give street and number.} # 94 McElderry

Cause of Death, First (Primary,) Cancer of top of mouth

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Balto Co.

Date of Burial, Oct 23rd 1896

Undertaker, Reid Hall

Place of Business, 233 E. Balto St.

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13586

Permit No. 13586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jane Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes' Hospital

Cause of Death, {First (Primary,) Cancer of the Womb

{Second (immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemty

Date of Burial, Oct 25th 1876

Edwd. F. Michaelson M. D.
Medical Attendant.

Undertaker, Joseph F Boyce

Place of Business, 59 n Liberty *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 13587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 Oct 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chester Stone

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 6 days *Years,* ——— *Months,* ——— *Days.*

Color, white — *Sex,* Male —

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. md. (248 Dett avenue)

Duration of Residence in the City of Baltimore, — 6 days

Place of Death, {Give street and number.} 248 Dett avenue

Cause of Death, {First (Primary,) Marasmus. (8 mos. chid) Second (Immediate,)

Duration of Last Sickness, from time of birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 29th 1876

{*Undertaker,* Family *Place of Business,*

Address

Wm Thomas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 13588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Shann

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty four *Years,* Nine *Months,* Twenty One *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 224 Constitution St.

Cause of Death, {First (Primary,) Cerebral Apoplexy
Second (Immediate,)

Duration of Last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Geo. N. Thorndmonier *M. D.*
Medical Attendant.

Date of Burial, Oct 26 1876

Undertaker, Geo. Schilling *Address* S. W. Cor. Calvert & Lee Sts.

Place of Business, Steinmetz & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 13589

Permit No. 13589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Wagner

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 25 Years

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 226 Light St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Collapse

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25th 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, F. A. Troll

Place of Business, 905 S. Howard St. *Address* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Ballis Moulton

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 653 W. Fayette St

Cause of Death, { First (Primary,) Diphtheria (Croup.)
Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 26th 1876.

Undertaker, John F. Weaver

Place of Business, #22 W. Fayette St

A. M. Layton M. D.
Medical Attendant.

Address 543 Lexington St
and Dr Cockrell Consulting Physician Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 96.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hilbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11. *Months,* 7. *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give street and number.} 70 Pine

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) convulsions

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25 Oct.

Undertaker, P. Kinnett

Place of Business, 317 Mulberry

Louis B Horn *M. D.*
Medical Attendant.

Address 226 Mulberry.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13592

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Gelbach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifteen *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: County Md

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} No 105 Townsend St

Cause of Death, First (Primary,) Carcinoma Lienis

Second (Immediate.) Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Oct 26th 1876

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 502 E. Fa *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Cockey

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 77 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll co. Md.

Duration of Residence in the City of Baltimore, Five years,

Place of Death, {Give street and number.} 188 George St,

Cause of Death, First (Primary,) Scirrhus of Rectum & adjacent parts,

Second (Immediate.) Pneumonia Mathia,

Duration of Last Sickness, Several years, but took worse ten days ago,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Carroll Co MD

Date of Burial, October 26th 1876

H R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Wm Jacob Weaver

Place of Business, No 476 Druid Hill Ave *Address* 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 8 84

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Cooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Joiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 469 E Fountain St

Cause of Death, {First (Primary,)

{Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, M E Bg, Phil Pa

Date of Burial, Octr 26th 1876

Undertaker, M A Danforth

Place of Business, 74 Bury *Address* 23 South Broadway

Jas F Bloomfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. X 13593 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mc Nicholas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25

Place of Death, {Give street and number.} 1216 S. Caroline

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 26

Undertaker, M a Daugherty

Place of Business, 74 S' Bond

Dr. Gatch M. D.
Medical Attendant.

Address 1 North Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y ▲ F I

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Healy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number.} 251 Bank st.

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis,

{Second (Immediate,)

Duration of Last Sickness, 5 days,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 26

{*Undertaker,* Ma Daugh

{*Place of Business,* 74 S Bro

John F. Monnin M.D.
Medical Attendant.

Address S. W. Calvert & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Mulligan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Cotton Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 362 E. Pratt, Street

Cause of Death, { First (Primary,) Pulmonary Disease with Dropsy

Second (Immediate,)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 26

Undertaker, Bernard Kenworthy

Place of Business, 369 Pratt Street

James Mackie *M. D.*
Medical Attendant.

Address 23 South Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 13598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant — Frederick & Mrs C. Bradley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 S Green St

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,) Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th 1876

Undertaker, F. N. Toll

Place of Business, 90 S. Howard St

I. H. Murray M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1876 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Patterson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~[illegible]~~ 67 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Matron of an asylum

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, { Give street and number. } At 49 Franklin St

Cause of Death, { First (Primary,) Tuberculosis Pulmonalis
Second (Immediate,) Pulmonary Apoplexy

Duration of Last Sickness, Vadden

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 26th Oct 1876

Undertaker, Henry W Justus & Son

Place of Business, 16 Light St

Gust. Jan Beiber M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 20 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} at Gosweiler's Lime Kilns, Cor Ridgely & West Sts

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Suffocated in Lime Kiln

Duration of Last Sickness, Short by Coroner and Jury

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Oct 26th

Undertaker, H H & C Kerr

Place of Business, 448 W Balto st

R. C. Lee M. D.

N. H. Co Coroner B. C.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny J. Jones.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Born & lived in City & county

Place of Death, {Give street and number.} 304 Madison Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis. / Second (Immediate.) Haemorrhage of Lungs.

Duration of Last Sickness, Last hour

All the above Information should be furnished by the Physician.

Place of Burial, Sykesville Carroll Co. Md. A. T. Ball M. D.

Date of Burial, October 27th 1876 Medical Attendant.

Undertaker, John A. Wagner

Place of Business, #22 W. Fayette St. *Address* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

5501

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Flain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 S. Canal St

Cause of Death, First (Primary,) Fits disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, Oct 26th 1876

G Lehmann M. D.
Medical Attendant.

Undertaker, H. Hoerlein

Place of Business, 246 Eastern Av *Address* 68 N. First St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel H. Bull

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* 5 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} No 79 Saco Street

Cause of Death, {First (Primary,) Paralysis; Hemiplegia due to

Second (Immediate,) Embolism of cerebral arteries,

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 27th 1876

Undertaker, Wm. H. Hickman

Place of Business, 237 N. Gay St.

Chas. A. Kleeber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 136014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Carroll Digges

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Upper Marlborough. Prince George Co. Md

Duration of Residence in the City of Baltimore 12 years

Place of Death, {Give street and number.} 148 Madison St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Heart-failure

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26

Undertaker, C H Bigger

Place of Business, 201 Penna Ave

R W Barton M. D.
Medical Attendant.

Address 119 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 State Street

Cause of Death, {First (Primary,) Cold & Rheumatism / Second (Immediate,) Paralysis

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial Sharp St Cem

Date of Burial, [redacted]

Undertaker, S. H. Clark

Place of Business, S. Howard St

Address Commiss of Health & Registrar

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information David P. Smith Brother

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Neal.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 17 Whalcoal St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bally Cemetery

Date of Burial, Oct 27th 1876

Edward A. Ward. M. D.
Medical Attendant.

Undertaker, Fr. Snyder & Hamrick

Place of Business, 424 Saratoga & Proprietors Stn. *Address* 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine French

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Canal Street

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 27 1876

Undertaker, Wendel Difel

Place of Business, S. Bond St

[redacted] M. D.

Address Commissioner & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John French Father

[OVER.]

13608

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Sapk.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, twenty two *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} House 2 East Lanvale Street

Cause of Death, First (Primary,) Pistol ball wound of brain.

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 27/96

Undertaker, Murphy

Place of Business, 54 N Broadway

W. C. Ireland M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henning

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, 63 yrs

Place of Death, {Give street and number.} No 3. Ellicott Pl-

Cause of Death, {First (Primary,)} General Debility

{Second (Immediate,)} Paralysis

Duration of Last Sickness, about 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 28 1876

Undertaker, C. H. Blizzard

Place of Business, 201 Penn Ave

Hammett & Joy M. D.
Medical Attendant.

Address 191 Penn Ave
144 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. H. C. Kirk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 142 St. Paul St.

Cause of Death, First (Primary,) Cancer of the Liver

Second (Immediate,)

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 28th 1876

Undertaker, J. Godwin Jr

Place of Business, 41 Bowers St

W. T. Howard M. D.
Medical Attendant.

Address 181 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Mary E Durant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, cd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Always lived in Balt

Place of Death, {Give street and number.} 104 Bethel Row. opp Bethel Church

Cause of Death, First (Primary,) Severe cold

Second (Immediate,) Pulmonary consumption

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27 - 1876

Undertaker, John C Jordon

Place of Business, No 63 Park Ave

I saw her only once —

W Hammond *M. D.*

Medical Attendant.

Address 52 N Pacca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Grayson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann Co. Md.

Duration of Residence in the City of Baltimore, Upwards 50 years.

Place of Death, {Give street and number.} 33 Rose St

Cause of Death, First (Primary,) Scirrhus of Stomach

Second (Immediate,) Prostration.

Duration of Last Sickness, Confined for years 1.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29. 1876

Undertaker, John C Golden

Place of Business, No 63. Park Ave

H. K. Butterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Meuesmith

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 6 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Little Rough

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)} Inflam. Rheumatism, Double Pneumonia

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, October 28th 1876

Undertaker, Fred Faede

Place of Business, 155 East Balto St

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brunemann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 61 Hanover St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, October 28 1876

Undertaker, Charles F. Herrold

Place of Business, 61 Hanover St

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 13615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S. Rogers.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 419 N. Carey St

Cause of Death, First (Primary,) Rheumatism & Injuries.

Second (Immediate,) Congestive Chills.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 28th 1876

Undertaker, John S Thacher

Place of Business, No 15 Camden *Address* 457 N Carey St City.

A. Tinsley *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th October 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. R Nimmo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} None Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Hanover

Cause of Death, { First (Primary,) Asthma
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th 1876

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St

J. W. Webster M.D.
Medical Attendant.

Address Cor of Sharp & Barre.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13617.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Bohlfing,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 224 Stirling St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Emanuel Cemetery

Date of Burial, Oct 28 96

Undertaker, A Hennig

Place of Business, 136 E Eagle

Hoffmann M. D.
Medical Attendant.

Address 57 Eastaugh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Clayton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years* & two *Months,* ~~Days.~~

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number.} 169 John St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 16 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 27th 76.

{*Undertaker,* M. A. Bishop

{*Place of Business,* 108 Saratoga

Elias C. Price M. D.
Medical Attendant.

Address 262 Madison st

Prescribed once, did not see it.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margery Bradley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~; {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland – 44 years in America

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Old age –
Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 27th 1876

Oscar [redacted] M. D.
Medical Attendant.

Undertaker, Murphy & Co

Place of Business, 658 Broadway *Address* 188 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac A Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk Custom House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 67 Market Place

Cause of Death, {First (Primary,) Pleurisy / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery *Bruce Jones* *M. D.*

Date of Burial, Oct 28th 1876 Medical Attendant.

Undertaker, Haughton & Co

Place of Business, 663 Broadway *Address* 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 27 1876

Date of Death, Oct 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Pack

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Egg Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundle Co. Md.

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} 49 Jones Court

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Dallis st ground

Date of Burial, oct 27 76

Undertaker, Theodore J. Lakes

Place of Business, 593 Wolfe st

G. Glanville Rue M. D.
Medical Attendant.

Address Balt. & Hanover sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dinsmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, about 38 years

Place of Death, {Give street and number.} Schroeder's between Mulberry & Sarratoga

Cause of Death, {First (Primary,) Chronic Inflamation of the bowels
Second (Immediate,)

Duration of Last Sickness, about 15 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Dr. P. Hoffman M. D.

Date of Burial, Oct 28th 1876 Medical Attendant.

Undertaker, J. B. Blackiston & Son.

Place of Business, 606 W. Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
OCT 27 1975
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Seidler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 19 Months, Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 175 Patterson Park Ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, October 29 76

{*Undertaker,* Henry Kaufer
Place of Business, 152 Eastern} *Address* 68 S. Broadway

James J. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta E Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Pearl Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, 28 Oct

Undertaker, P. Kümmel

Place of Business, 317 Mulberry St

H Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
OCT
27
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mich.l E. & Kate A. Fitzgibbons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* ——— *Months,* ——— 1 hour ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 66 Granby St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Granby St.

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) Asthenia.

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 27th 1876

Undertaker, Jas P. Byrne

Place of Business, Front St

Jno. F. Powell M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Hagedorn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 56 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ernste Rode Saxe-gotha Russia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 95 Eastern Avenue Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis pulmonalis

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Grd. Dr J Callenius M. D.

Date of Burial, Oct 29th Medical Attendant.

Undertaker, Phil Frey *Address* 132 S High st

Place of Business, 91 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27. Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 ~~Months~~ Weeks ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 28. 1876

Undertaker, Sam. Bowen

Place of Business, 156 Division St.

Mathew Brewer M. D.

Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Beckert

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Columbia St.

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 28th Oktober 1876

Undertaker, Philipp F. Dill

Place of Business, 183 Columbia Av.

D. G. Keller, M. D.
Medical Attendant.

Address 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Henkel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 years *Years,* 3 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} born Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Gilmore and Ramsay sts

Cause of Death, {First (Primary,) Cy Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, October 29th 1876

{*Undertaker,* Ran. P. Paulus

{*Place of Business,* 66 Fredk-Avenue

Dr. C. Reinhart M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Anne Carter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 53 North Fallas St

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery E. Gen'l Falls

Date of Burial, Oct. 28th 1876

M. D.
Medical Attendant.

Undertaker William N. Duncan

Place of Business, 110-104 East St. *Address* 181 S Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 13631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 4 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 102 S. Wolfe st.

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, N. Alms House Cemetery

Date of Burial, Oct 30th

Undertaker, Hadlin Dippel

Place of Business, 1 Bond St 151

J. C. Daniels M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S·A F E T Y

Board of Health, City of Baltimore,

Permit No. 13132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th October 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Alice J Murphy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty one *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Mother of a Family.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Wexford Ireland.

Duration of Residence in the City of Baltimore, Twenty Six years.

Place of Death, {Give street and number.} 92 Essex St.

Cause of Death, {First (Primary,) Carcinoma
Second (Immediate,) Carcinoma of the Stomach.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 29 Oct 11½ Oclock PM

Wm Chas Bibbins M. D.
Medical Attendant.

{*Undertaker,* Geo C Rotermund
{*Place of Business,* 38 Essex St

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 13133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bowers - Mary

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 44 Clement St. Locust Point

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 Clement St. Locust Pt.

Cause of Death, {First (Primary.) Marasmus / Second (Immediate.)}

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, October 28 th

Undertaker, M. Langrood

Place of Business, 87 Lough street

R. W. Mansfield M. D.
Medical Attendant.

Address 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barthor Bear

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Eleven *Months,* ~~one~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Born

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two years & Eleven Months

Place of Death, {Give street and number.} 41 Goodmans Alley

Cause of Death, {First (Primary.) Natural
Second (Immediate.) Scarlatina

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Oct. 29th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Crops st

Z. K. Wiley M. D.
Medical Attendant.

Address 252 Hanover Street
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Mary Coughlan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 11 *Months,* 10 *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 64 Gough st.

Cause of Death, {First (Primary,) Scarlatina Malygna / Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Oct 28th 1876

Undertaker, A. F. Byrne

Place of Business, 59 Liberty St

J. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Prince

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Practicing Medicine,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, About 40 years.

Place of Death, {Give street and number.} 90 Thames St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 29th 1876

Undertaker, Hughes & Co

Place of Business, 65 Broadway

John H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph. F. Forsyth.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 Years, — Months, — Days.

Color, White Sex, Male

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 Lexington

Cause of Death, {First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 2 Months,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Today 9 o'clock. Oct 29 J. H. Windsor M. D.

Medical Attendant.

{*Undertaker,* Charles Roering.

{*Place of Business,* 136 E. Fayette Address 134 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ENTS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK...

Board of Health, City of Baltimore,

Permit No. 13638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dorsey Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 hours ~~Days~~

Color, col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 65 Sarah Ann St.

Duration of Residence in the City of Baltimore. 6 hours.

Place of Death, {Give street and number.} 65 Sarah Ann St

Cause of Death, {First (Primary,) ____ Second (Immediate,) ____} Premature birth

Duration of Last Sickness, ____

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28. 76

Undertaker, S. W. Chase

Place of Business, 82 Edmondson ave

Louis B Horn M. D.
Medical Attendant.

Address 226 Milt. St.

Mothers name Mary Dorsey (single)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Skarda

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 31 Barnes St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 29th 1876

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

M. D.

Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Undertaker

Board of Health, City of Baltimore,

Permit No. 13149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28-76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John K. Adelhoff

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 20 *Years,* 8 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 112 N. Eden St

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,) Exhaustion,

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30

H. C. Liebmann M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Hackmann
{*Place of Business,* 26 Bank St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 13641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hennie Neal

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.}

Age, 5 7/4 *Years,* *Months,* *Days.*

Color, Neg *Sex,* —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore. about 9 months

Place of Death, {Give street and number.} 18 Jenkins alley near Preston

Cause of Death, First (Primary,) —

Second (Immediate.) Unknown

Duration of Last Sickness, 10 minutes —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1876

Dr. L. Dunghill M. D.
Medical Attendant.

Undertaker, Wm. O Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bells End

Duration of Residence in the City of Baltimore. 4 1/4 yrs

Place of Death, {Give street and number.} 78 Pierce st

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1876

{*Undertaker,* Wm James Son

Place of Business, 65 Mulberry St

Rud W Eastman *M. D.*
Medical Attendant.

Address 84 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19643 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years About 2 ~~Months~~, weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 2 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Spasms when receives

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 31. 1876

Undertaker, Samil Bowers

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} On Board Str. Hessen of N.Y. lying at Beards

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 20 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1876

M. D.

Undertaker, H. T. Dunge

Place of Business, East St

Address Commrs of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by F. N. Claridge

[OVER.]

Board of Health, City of Baltimore,

Permit No. 136745 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 3 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Seibert.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Storkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and number.} 274 Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,) Haemorragia pulmo.

Duration of Last Sickness, Two Weeks /

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 29 Oct.

Undertaker, P. Kinnet

Place of Business, 317 Mulberry *Address* /

John F Fiser, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13646 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct 27~~ Oct 27th 1906

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kinzie J Clark.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 N Schroeder St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address* 7th

W H Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13647 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Robinson

Sex, Male & Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Continued

Place of Death, {Give street and number.} 339 S Howard st

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, October 29

Undertaker, H. Combs. Son

Place of Business, 181 Mulberry St

G. H. Brown M. D.

Medical Attendant.

Address 257 Montgomery st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Dodd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Canton Avenue

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cimetary

Date of Burial, October 29th 1876

J. H. Martin M. D.
Medical Attendant.

{*Undertaker,* H. M. Gilmeyer

{*Place of Business,* 361 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13649 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 Oct 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Olivia

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, Institution 2 months

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Catholic Cem

Date of Burial, Oct 31st 1876

Undertaker, Geo Sappington

Place of Business, 121 Aisquith St

Marbury Brewer M. D.
Medical Attendant.

Address 24 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13650 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalinda G Gilligan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~18~~ 1 *Years,* ~~11~~ 1 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 83 S. Washington St. Balto.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, abt. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 29

Undertaker, M A Daiger

Place of Business, 74 Bleury

Geo. S. Kinnemon M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Conolly.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35. *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} ~~Sing~~ Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) acute phthisis

Second (Immediate,)

Duration of Last Sickness, Two months. —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct. 31 1876

Undertaker, M a Daiz

Place of Business, 14 S Broadway *Address*

Hamt. Smith M. D.
Medical Attendant.

OCT 30 1876 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} This child lived but a few hours after its Birth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female) and had no name

Age, ~~Years,~~ Infant Brotherton Months, A few hours ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 S Population St

Cause of Death, {First (Primary,) This child was smaller of Twins & as above — was not capable of existing Second (Immediate,) of itself —

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon G.

Date of Burial, Oct 29 - 1876

Undertaker, J. B. Blanchard & Son

Place of Business, 606 Balt St

W. H. A. Kemp M. D.
Medical Attendant.

Address 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Jailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Paralysis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th 1876

Undertaker, Jas Loane

Place of Business, 567 W. Balto St

Chas Fawcett M. D.

Medical Attendant.

Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicim who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hernel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 13 Forest st.

Cause of Death, {First (Primary,) Seen by undersigned after death – Cause {Second (Immediate,) probably, Asthenia from old age

Duration of Last Sickness, Invalid for yrs death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 30 October 1876

Geo H Dare M. D.
Medical Attendant.

Undertaker, J. P. Paulus

Place of Business, 66 Frederick Ave

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Weinberger Father "

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wrights alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 30th 1876

Undertaker, Bevan & Cherowett *Address* Commiss of Health & Registrar

Place of Business, Penn Ave

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases of births and deaths of illegitimate children~~

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13656

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burinl, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 29th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ~~4~~ 5 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lewisburg Pa

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 119 N. Charles St

Cause of Death, First (Primary,) Phthis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Octobr 30th

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay St *Address*

J. McW. Wells *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora E. Christhilf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~for~~ five *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Argyle Avenue

Cause of Death, {First (Primary,) Malignant Scarlet Fever
Second (Immediate.)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 30th

Undertaker, C.W. Blizzard

Place of Business, 201 Penn Avenue

Saml T. Knight *M. D.*
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter A Schaumleffel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* Three *Months,* Twenty Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 450 Penn Ave - Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 450 Penn Ave - City

Cause of Death, First (Primary,)

Second (Immediate.) Bronchitis

Duration of Last Sickness, 10 - Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 27-90 1896

Undertaker, J B Craik

Place of Business, No 707 west Baltimore St *Address*

Chas A Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Hinkle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Alice Anna St. 2nd door E. of Bond St.

Cause of Death, First (Primary,) Chronic Interstitial Nephritis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, 31 October

C. Edward Miller *M. D.*
Medical Attendant.

Undertaker, John C. Shaw

Place of Business, 265 Aliceanna

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday October 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Philip Lowe Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* / *Months,* _____ *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Non

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Potomac St near Eastern Ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Oct 30th 1876

J. O'Connors M. D.
Medical Attendant.

Undertaker, Henry Frecklich

Place of Business, 246 Eastern Ave

Address 28 E. Lenox St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13661 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McCoy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 380. Sharp St

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, OCT 30 1876

Sherwood Price M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St. Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1876 BALTIMORE

Date of Death, October 30th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Inc Kinsless.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3. *Months,* 20. *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. City.

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give street and number} 489. Franklin

Cause of Death, First (Primary.) debility

Second (Immediate.) Marasmus

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Oct. 30th 1876

Undertaker, Chas. A. Pender

Place of Business, No 520 W. Balto

Louis L. Dorn M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the words not required in this line} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth} Virginia

~~*Duration of*~~ *Residence in* ~~*the City of Baltimore*~~ Virginia

Place of Death, {Give street and number} Basin at Pier No 10 Light St, Wharf

Cause of Death, First (Primary) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Hollywood Virginia

Date of Burial, 1st November 76

Undertaker, Holloway

Place of Business, 98 Thames St

R, C, Lee M. D.
~~Medical Attendant~~
Coroner S. D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial Permit 388

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE OCT 30 1876

Date of Death, October 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Barrole

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 34 King St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Deliciate from birth

All the above information should be furnished by the Physician.

Place of Burial, Westminster [illegible] J. Gibbons *M. D.*

Medical Attendant.

Date of Burial, Oct 30 76

Undertaker, [illegible]

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13665.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Over 20 Yrs

Place of Death, {Give street and number.} No 86 E Pratt st Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 31st 4 P M

Undertaker, Robt Hall

Place of Business, 233 E Balto st

J Ridgway Rudy M. D.
Medical Attendant.

Address No 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 190 E. Fayette st

Cause of Death, {First (Primary,) Tubercular Consumption

{Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemt

Date of Burial, Oct 31-76

Undertaker, John I Rodemayer

Place of Business Cor Fremont ave & Monument st

Wm L Russell *M. D.*
Medical Attendant.

Address Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 '76 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Reinhardt.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* three *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany in U.S. 25 Jan

Duration of Residence in the City of Baltimore, Since 1868

Place of Death, {Give street and number.} 48 Pa Ave.

Cause of Death, First (Primary,) Hypertrophy of the heart.
Second (Immediate,)

Duration of Last Sickness, Several years Decided the case Oct 14
All the above information should be furnished by the Physician. Second time

Place of Burial, Western Comp

Date of Burial, Nov 1st 1876

Undertaker, Jacob Weaver

Place of Business, 476 Druid Hill Ave

A. J. W. Hughes M. D.
Medical Attendant.

Address 234 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

Permit No. 13668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Geo & Johanna Thorman Parents

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— Years, ——— Months, 10 mos ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 524 N. Washington St

Cause of Death, {First (Primary,) Asthenia

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Oct 31st 1876

Undertaker, Wm Nicolaus

Place of Business, Address 41 Commrs of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo Thorman Father

[over.]

Board of Health, City of Baltimore.

Permit No. 13119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Fields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 370 Light st.

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 30

Undertaker, Armstrong & Denny

Place of Business, No 263 Light st

J. C. Hunington M. D.
Medical Attendant.

Address 321 Light st.

OCT 30 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13670 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilian Gray Weems

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years. Twenty one Months, Fourteen Days.

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 301 W. Fayette St, Balto.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, About one day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct Nov 1st 1876

Undertaker, J W. Jenkins & Son

Place of Business, 16 Light St.

Benjn Whiteley M. D.
"
Medical Attendant.

Address 309 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis B. Pierce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Life Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Le Raysville Pa

Duration of Residence in the City of Baltimore, For Years

Place of Death, {Give street and number.} Baltimore 589 Lexington St

Cause of Death, {First (Primary,) Rheumatism of the Kidneys; Second (Immediate,) Apoplexy}

Duration of Last Sickness, About Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Le Raysville Pa

Date of Burial,

Undertaker, Stump & Jenkins

Place of Business, 16 Light St

W. R. McShane *M. D.*
Medical Attendant.

Address 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 589

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elca Croffut

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

M~~arried~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} # 113 N. Shroder

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31/76.

J. S. Smithiceum M. D.
Medical Attendant.

{*Undertaker,*

{*Place of Business,*

Address # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13673

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gilbert

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 55 yrs,

Place of Death, {Give street and number.} Saratoga st.

Cause of Death, First (Primary,)

Second (Immediate,) old age,

Duration of Last Sickness, 5 years,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 31 1876

Undertaker, Peter Kinnert

Place of Business, Mulberry st

Gwl Opt. Carroll M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Fugle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 So. Broadway

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Convulsions

Duration of Last Sickness, Eight (8) days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, October 31st

Undertaker, Hendelin Dippel

Place of Business, South Bond st 151

G. L. Kirk M. D.
Medical Attendant.

Address 77 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F Power

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 12 S. Bond St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, four or five Years

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Oct 31st 1876

Undertaker, Wm Fry

Place of Business, Broadway

C Edward Miller M. D.
Medical Attendant.

Address 1. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Wissmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* 3 *Months,* 23 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 219 William St.

Cause of Death, {First (Primary,) Inflammation of Bowels complicated with Hernia

{Second (Immediate,) about 24 hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 1st 1876

Undertaker, C F. Krause

Place of Business, 209 Hanover st.

DR. J. H. SMITH. OCT 31 1876 BALTIMORE, MD.

M. D.
Medical Attendant.

Address 108 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 31 1876 BALTIMORE

Date of Death, October 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Strickland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty two *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, about 80 years

Place of Death, {Give street and number.} No 88 Fought St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 1st 76

John S. Synth M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 66 E Balto *Address* S. E. Corner Broadway & Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13178 M

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 31 1876 BALTIMORE

Date of Death, October 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Nagel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Peter st No 94.

Cause of Death, {First (Primary,) Diphtheritic Croup
Second (Immediate,) & Suffocation

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 1th 1876

{*Undertaker,* Julius Kuehler
{*Place of Business,* Cor Sharp & Cross sts

D. A. Buddenbohn M. D.
Medical Attendant.

Address No 116 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Flemming

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland (19 yrs in America

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Heart Disease — (Aortic)

Second (Immediate,) Syncope —

Duration of Last Sickness, About 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetary

Date of Burial, Oct 31 1876

Oscar A Costery M. D.
Medical Attendant.

Undertaker, James P Payne

Place of Business, No 63 N Front St *Address* 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th October 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew S. Bonhag

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, *Years,* 2 *Months,* 10 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 227 Durham St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 134 S. Wolfe St. Baltimore

Cause of Death, { First (Primary,) ; Second (Immediate.) Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty Dr. J. Lashar M. D.

Date of Burial, October 31st 1876 Medical Attendant.

Undertaker, Henry Loellich

Place of Business, 246 Eastern Ave Address 238 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worchester County. Md.

Duration of Residence in the City of Baltimore, Three Years.

Place of Death, {Give street and number.} 90. S Bethel st

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31st 1856

Undertaker, John W. Lock

Place of Business, 69 S. Wolf st

John A Schultz, M. D.
Medical Attendant.

Address N E Cor Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jolanine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 165 S. Dallas St.

Cause of Death, First (Primary,) Tubercular disease

Second (Immediate,) Ascites or dropsy

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, oct 31 / 76

Undertaker, John W. Locke

Place of Business, 65 & Wolf st

James E Donnelly *M. D.*
Medical Attendant.

Address 198 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th Oct. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Edward Mann

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 2 *Years,* 10 *Months,* 2 6 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 555 N. Charles st.

Cause of Death, {First (Primary,) Malignant Scarlatina

Second (Immediate.)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 31 1876

Undertaker, Chas Chamber

Place of Business, Balto St *Address* 274 Hollins St.

John Ford *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 31 1876

Date of Death, Oct 30. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emily Manby

~~*Sex, Male, Female,*~~ {Cross out the word not required in this line.} male

Age, 1 *Years,* 18 *Months,* *Days.*

Color, red

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 19 Lemmon alley

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 31st 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St

G L Tanyhill M. D.
Medical Attendant.

Address 129 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...ATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Bostadon (Talbot)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* *Months,* 2½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Data to

Duration of Residence in the City of Baltimore. life

Place of Death, {Give street and number.} 95 S. Poppleton

Cause of Death, {First (Primary,) Second (Immediate,)} Second twin - First was returned on 29 - Because have inability to exist of itself

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Nov 1 1876

Undertaker, J. B. Blackistone & Son

Place of Business, 66 N. Baltimore St. *Address* 55 N. Greene St.

H. H. Kane *M. D.*
Medical Attendant.

NOV 1 1876 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

69

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13686,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Monument St Lane

Cause of Death, {First (Primary,) Cold & Exposure. Second (Immediate,) Consumption

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Nov 1st 1876

Undertaker, H. N. Duncan

Place of Business, East Street

Address Commissioners of Health & Registration

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Isaac Jones Father by Adoption

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilias Lilian Jamet

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Philadelphia

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} Guy's Hotel

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,) Anaemia & Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, November 2nd 1876

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St.

S Shulan M. D.
Medical Attendant.

Address 154 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13188 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eunice Fisher Sines

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 134 East Lombard St

Cause of Death, First (Primary,) —

Second (Immediate,) Old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 2nd 1876

Undertaker, James, P, Byrne

Place of Business, No 63 N Front St

Jno A Biffendaffer M. D.
Medical Attendant.

Address 108 High St

NOV 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoyt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 262 Bank St

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W E Cem. Phil Rd

Date of Burial, November 1st 1876

Undertaker, W A Daiger

Place of Business, 414 S Broadway

M. D.
Medical Attendant.

Address 2 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Woodson Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 7 Stirling

Cause of Death, { First (Primary,) Pulmonary Hemorrhage + Nervous shock / Second (Immediate.) Asthenia

Duration of Last Sickness, About 25 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 2nd 1876

{ *Undertaker,* William N. Lunger / *Place of Business,* No 104 East 25th

D. M. Cathell M. D.

M. D.

Medical Attendant.

Address 112 S. Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 oct

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Bosle

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 187 N Eutaw St

Cause of Death, {First (Primary,) Membranous Croup
Second (Immediate,)

Duration of ~~*Last*~~ *Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1st 1876

Wm Kneas M. D.
Medical Attendant.

{*Undertaker,* William N Dunn *Address* 131 N. Charles Street.
{*Place of Business,* N 104 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octr 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W Carey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Cor (N. W.) Myrtle Ave & Mosher St.

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 2d 1876

Wm H Carroll M. D.
Medical Attendant.

{*Undertaker,* Mrs Jacob Weaver
{*Place of Business,* No 496 Druid Hill Ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eve Bien

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, wht

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxonburg Germany

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and number.} 84 Oak St

Cause of Death, {First (Primary.) Tubercular Phthisis

{Second (Immediate.)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 3 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 Pratt

F. L. Dauphine M. D.
Medical Attendant.

Address 129 N Bridal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 136941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st. November 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Huginski

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, laborer in minebanks

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} Lancaster Street 99.

Cause of Death, {First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov. 3d.

Undertaker, Wendelin Dibel

Place of Business, S. Bond St. 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfe Street 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 13695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Frederick W Kleiber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line:} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 89 S Bond St

Cause of Death, {First (Primary,) Whooping Cough} {Second (Immediate,) Capillary Bronchitis}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 3 d.

Undertaker, Wendelin Diffel

Place of Business, S. Bond st 151

Abram B Arnold M.D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Beatrice Bridgwater

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* Twenty two *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life.

Place of Death, {Give street and number.} 549 Harford Ave.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Collapse

Duration of Last Sickness, 3 months & 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.,

Date of Burial, Nov 2nd 10. A.M.

{*Undertaker,* Robt D Hall
Place of Business, 2336 Balto

Walter R. Hay M. D.
Medical Attendant.

Address No 32 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13197

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore. 20 years

Place of Death, {Give street and number.} 57 Lemina St.

Cause of Death, {First (Primary,) Valvular disease of Heart

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician

Place of Burial, Bloomfield

Date of Burial, Nov. 3rd 76

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall *M. D.*
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Rebecca Henry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Six *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore. Continued

Place of Death, {Give street and number.} No. 207 Hanover St

Cause of Death, First (Primary,) Apoplexy

Second (immediate,) Phthisis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1876

Undertaker, W. McShane

Place of Business, 192 Thames Ave

J. D. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13699

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Columbia Ave

Cause of Death, {First (Primary,) Indigestion / Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, November 3rd

{*Undertaker,* Joshua Knell / *Place of Business,* 206 Columbia

A H Curtis *M. D.*
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 Mo 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Baynes.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 39 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, House.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Corner Bolton & Preston Sts

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) 2 years & 6 months

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, Friends Burial Ground

Date of Burial, Nov 2nd 1876

Undertaker, Thos O Hughes

Place of Business, 111 E Balto

W. Riley *M. D.*
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} W. F. & Anna B. Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 480 Eastern Ave

Cause of Death, {First (Primary,) Premature Birth (7 mos)
Second (Immediate,) Inanition}

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 3 "1876

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Address .....

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 13702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgs Andrew Shafer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 318 East Madison St

Cause of Death, {First (Primary,)} Rheumatic fever

{Second (Immediate,)} Congestion of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, Nov 3 1876

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 100 Central Ave

Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Susanna Wynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, Sick for six months

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cem

Date of Burial, Nov 2d 1876

Edwd F. Luckman M. D.
Medical Attendant.

{*Undertaker,* Jas P. Bynne

{*Place of Business,* Front St

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Cassell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 684 Light St

Cause of Death, {First (Primary.) Phthisis; Second (Immediate,) Pneumonia

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 3rd 1876

Harrod Orr & Co. *M. D.*
Medical Attendant.

Undertaker, Armstrong & Kenny

Place of Business, 263 Light St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysician is respectfully invited to the remarks below, and to List of Diseases on back of the ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Forrest

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No. 129 Gough St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Nov 3 1876

E. J. Bruns M. D.
Medical Attendant.

Undertaker, Reid Hull

Place of Business, 233 E. Balto St *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Lyon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4/ *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Nursing Hope

Place of Death, {Give street and number.} 80 Oak St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Diptheritic Paralysis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Chesnut Hill Baltimore Co

Date of Burial, Nov 3 st 1876

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St *Address* 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 589)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Eldridge

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ... *Years,* 14 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Chronic Tubercular Meningitis

Second (Immediate,) Convulsion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Nov 3. 1876

Undertaker, [illegible]

Place of Business, [illegible]

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dorsey

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Female

Age, 90 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} No 1 State St

Cause of Death, First (Primary,) Bronchi-Pneumonia

Second (Immediate,) Pleuris Pulmonalis

Duration of Last Sickness, 1 year & 3 months.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3d 1876

Undertaker, Wm P Gray

Place of Business, 63 Smithy St

R. A. Sent M. D.
Medical Attendant.

Address S.E. Cor Eden & Fayette Sts
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lethe Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty two *Years,* *Months,* *Days.*

Color, Colored *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 134 Lorie St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowerby

Date of Burial, 11/3/96

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

H. Atkinson *M. D.*

Medical Attendant.

209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spondent is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baldo Farris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 79 Hanover St.

Cause of Death, First (Primary,) Scalica

Second (Immediate,) Hemoritis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 3rd 1876

H. Atlee M. D.
Medical Attendant.

Undertaker, Joseph Ferris

Place of Business, *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Boyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 154 E. Dallas St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, Do not know — Saw the case just previous to death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 3rd 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Jesse C. Shane M. D.
Medical Attendant.

Address 28 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Infant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1 *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Supposed, City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 100 Dover St,—

Cause of Death, First (Primary,) Neglect by its parents, who are unknown

Second (Immediate,) Exposure

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Nov 2nd

Undertaker, H H & Perry

Place of Business, 148 W Pratt st

R. C. Lee M. D.
Medical Attendant
N. W. Cor Coroner S. D.
Address Hanover & Baree Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Mary Adams

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and number. } 233 N. Eutaw St

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov. 4th 1876

Undertaker, H. N. Jenkins & Son *Address* 71 N Howard St

Place of Business, 16 Light St

H. N. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novemb 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William W. Broessel

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 19 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Myrtle av.

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate,) Parotitis, gangrenosa

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 4th Nov 1876

{ *Undertaker,* H. Seward

{ *Place of Business,* 35 S. Eutaw st *Address* 137 W. Fayette st

J Bittorant M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 13715, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Nettie Littell Shaffer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 165 Townsend st

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) " "

Duration of Last Sickness, 4 " days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Nov 3

{*Undertaker,* J H Shaffner

{*Place of Business.* 662 Penn Ave

H Hummer & Fox M. D.
Medical Attendant.

Address 190 Penn Ave
414, W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, ~~Months,~~ 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling Institution 6 days

Duration of Residence in the ~~City of Baltimore~~

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 3. 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov – 2 – 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} No. Cockeville Sts. & Pine Lane

Cause of Death, {First (Primary,) Consumption. Second (Immediate,)}

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Nov 3rd

Undertaker, M Clarkin Sons

Place of Business, 64 E Balto St

E. H. Lamar M. D.
Medical Attendant.

Address Orangeville Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unnamed child of Elizabeth Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1/2 *Days*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Court Bet Raburg & Balto Sts, E. of Schroder

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Same as birth -

Cause of Death, {First (Primary,) Prothecia Partunhon

Second (Immediate,) debility

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 3 1876

{*Undertaker,* H. N. Dunger

Place of Business, East St *Address*

John Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH NOV 1876 BALTIMORE

Date of Death, Nov. 1. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Anderson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* *Days.*

Color, Bell

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 89 Jasper st

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bishop St. Cemetery

Date of Burial, Nov. 3rd 1876.

Undertaker, Wm. F. Bishop Jr.

Place of Business, No. 108 Druid Hill Ave.

G. L. Dunphin M. D.

Medical Attendant.

Address 129 N. Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...TENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 29 North Market

Cause of Death, {First (Primary.) 3 Abscesses of Glands of Neck. Second (Immediate,) Sudden Hemorrhage from ruptured Vessels

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 3 1876

Undertaker, James P Hyme

Place of Business, 1163 N Front St

Geo. B. Reynolds M. D.
Medical Attendant

Address 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Weller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Baden - Germany. (47 yrs in U.S.)

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number.} 499 Fremont st

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 3 Nov.

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, P. Kümmel

Place of Business, 311 Mulberry st

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leonard Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Smith lane

Cause of Death, {First (Primary,) Phthisis pulmonaris

Second (Immediate,)

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physicmn.

Place of Burial, M. Hyptonites

Date of Burial, Nov 4 1876

Undertaker, Edw Kummert

Place of Business, 311 Mulberry *Address* 95 S Sharp St.

Hollows M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1830 Nov 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Ann Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto Co

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} Jefferson St & Canal

Cause of Death, {First (Primary,) Carcinoma of Uterus
Second (Immediate,) Exhaustion}

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4th 1876

Undertaker, William A. Duncan

Place of Business, No 104 East St.

James A Reed *M. D.*
Medical Attendant.

Address 158 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Bernard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or ~~Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. 59 8/12 yrs

Place of Death, {Give street and number.} 5 S. Oregon St

Cause of Death, First (Primary.) Albuminuria

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 yrs. Sick, — but last attack, that of Bright's disease, she died about three hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov. 5th 1876

Undertaker, W B Cook

Place of Business No 707 W Baltimore Street

Lincoln Eastman M. D.
Medical Attendant.

Address 324 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Saml Hamilton

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Loudon & Fremont

Cause of Death, {First (Primary.) / Second (Immediate.)} Pneumonia & Stamo

Duration of Last Sickness, about 3a Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 21th 1872

Chas A O'Donovan *M. D.*
Medical Attendant.

{*Undertaker,* J. H. Backhaus & Co
Place of Business, 606 W Baltimore St} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Keck Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Civil Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During his life

Place of Death, { Give street and number. } At McMechin near John

Cause of Death, { First (Primary,) Pulmonary Phthisis
Second (Immediate,) Tuberculer Meningitis

Duration of Last Sickness, About 8 or 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 4th Nov 1876

Undertaker, Hy W Faulkner & Son

Place of Business, 10 Light St

Riggin Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

special attention of Physicians is respectfully invited to the remarks below. Also to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hardee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Sterling

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Sterling

Cause of Death, {First (Primary,) Second (Immediate,)} Premature Birth

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, November 4th 1876

{*Undertaker,* Wm. H. Hickman
Place of Business, 234 N. Gay St.} *Address* 130 N. Wolfe

D. J. Coyne *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Schieken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 1. *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 278 S. Exeter

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bald Cemetery

Date of Burial, Nov 4.

Undertaker, Conrad Hütter

Place of Business, 271 Hanover St

Theodore Brady M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 (about) *Years,* *Months,* *Days.*

Color, Negro. *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Talbot Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 15 Wilmot alley

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.)

Duration of Last Sickness, Almost one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 4th 1876

Undertaker, Chas. T. Scriven *Address*

Place of Business, 271 N. Eutaw St

G. R. Dunn *M. D.*
Medical Attendant.

Lamade St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2d day of November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lizzie Werner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Belair Road

Cause of Death, First (Primary,) Typhoid pericarditis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 5

Fred. Hofs M. D.
Medical Attendant.

Undertaker, Gh Rossing

Place of Business, 136 E Lafayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ogle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} Jefferson St near Ann

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 5 1876

Undertaker, Wm Fry

Place of Business, 54 N Broadway

J. B. Crop M. D.
Medical Attendant.

Address 197 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13732
Permit No. 47

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thomson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* *Days.*

Color, Light Copper *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 169 Patrick Alley

Cause of Death, First (Primary,) Not known

Second (Immediate,) Bronchitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4 1876

Undertaker, W Whelan

Place of Business, 190 Broadway

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Poplar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} No. 140 E. Washington St.

Cause of Death, {First (Primary,) Second (Immediate,)} Natural Causes

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 5/76

Undertaker, Haughton & Co

Place of Business, 65 S. Broadway

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Cause of Death on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th '76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Rebalda Abkemeier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hagen Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Convent Notre Dame Augusta Md.

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Sant Alfons Cemet

Date of Burial, 5th of Novemb

John F. Monnemeier M. D.
Medical Attendant.

{*Undertaker,* Adam Fink

{*Place of Business,* 461 W. Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2na 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Strausener

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 5 *Months,* 15 *Days.*

Color, White

~~Married, Single, Widower, Widow~~, {Cross out the words not required in this line.}

~~Occupation.~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} No 55 Elliott St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) ;

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician

Place of Burial, ~~Hampstead~~ Bonnell Church Cemy

Date of Burial, Nov 4th 1876

Undertaker, C. Eckhardt

Place of Business, 269 Canton Ave.

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Jackson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} Chapel st. Nr. Monument

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Inanition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetry

Date of Burial, Nov 4th 1876

Undertaker, John W. Locker

Place of Business, 57 & Wolf st

Dr. P. O'Reilly M. D.
Medical Attendant.

Address 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

S A F E T Y F

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Betsy Ann Duffy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} 47 Macon St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4th 1876

Undertaker, John R. Locke

Place of Business, 59 S. Wolf St

Chas. Wm. Wright M. D.
Medical Attendant.
84 Wolf St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Henry Stuart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 374 Cross

Cause of Death, {First (Primary.) — {Second (Immediate,)} Drowned

Duration of Last Sickness, Drinks 5 hours after taking out of water

All the above information should be furnished by the Physician

Place of Burial, Laurel Sanitary

Date of Burial, Nov. 4th 1876.

Theodore Gerta M. D.
Medical Attendant.

Undertaker, Hercules Ross,

Place of Business, 160 West Lee St.

Address 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PARTICULAR ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Wilbur Pacetti

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Augustine Florida

Duration of Residence in the City of Baltimore. abt 4 weeks

Place of Death, {Give street and number.} 36 Columbia St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) do =

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician

Place of Burial, Florida

Date of Burial, Nov 6th 1876

Undertaker, John Thacher

Place of Business, No 180 Camden St

W W Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balti

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 590

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 132 S. Front St

Cause of Death, First (Primary.) Bilious, Remittent fever

Second (Immediate.) Haemdemesis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, November 5" 1876

Thos E Dwinn M. D.
Medical Attendant.

Undertaker, W A Daiger

Place of Business, 424 Broadway *Address* 299 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hunk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} St Jackson Lane 46

Cause of Death, {First (Primary,) Miscarriage — 6th Month

Second (Immediate,) Septicaemia

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 5th 1876

Undertaker, W. A. Saigel

Place of Business, 440 Broadway

C. J. Williams M. D.
Medical Attendant.

Address 20 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Snyder,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Painter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many Yrs.

Place of Death, {Give street and number.} 97 Chew St.

Cause of Death, {First (Primary,) Unknown

Second (Immediate,) 6 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cem

Date of Burial, Nov 6 to 76

Undertaker, John J Rodenmayer

Place of Business, cor Lemmon Lane & Monument St

J. H. Hirst M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 13743

Board of Health, City of Baltimore,

Permit No. 13743 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Newbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coach Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132 Bank St

Cause of Death, {First (Primary,) Valvular disease of Heart

Second (Immediate,) Hydropericardium - sporadic with Renal dropsy.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov 6th 76

Undertaker, Chas A Roark

Place of Business, 76 Light St

M. D.
Medical Attendant.

Address 76 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~No. 357 E. Monument st.~~ Nov. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorsey H. Whitaker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 1 *Months,* 12 *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford County, Md.

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give street and number.} No 357 E. Monument st.

Cause of Death, First (Primary,) Cancer of Throat

Second (Immediate,) Asthenia

Duration of Last Sickness, about 1½ years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th

Undertaker, [illegible]

Place of Business, 524 Broadway

Chas. L. Klunker *M. D.*

Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13745 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give street and number.} No 64 Mc Kim

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of brain

Duration of Last Sickness, Sudden Death

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 5 Nov 10 Block

Undertaker, Geo. C. Rodenmaier

Place of Business, 38 Eutaw St

Edmund Rowe M. D.
Medical Attendant.

Address Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Coughlan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... 3 *Months,* ... 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 64 Gough st.

Cause of Death, First (Primary.) Bronchial Catarrh

Second (Immediate,) Hyperæmia of Brain

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, Nov 4th 1876

Undertaker, Jos F Byrne

Place of Business, 849 n Liberty st

Pierre G. Dausé M.D.
Medical Attendant.

Address 97 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Washington Scott Conaway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 19 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 56 Hanfstad Alley

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel cemetery

Date of Burial, 5. Nov

Undertaker, John W. Lockes

Place of Business, 59. S Wolf St

C. Edward Miller *M. D.*
Medical Attendant.

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Manager at Ford's Opera House

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 234 N. Eden Street

Cause of Death, {First (Primary,) Phthisis pulmonalis

Second (Immediate,)}

Duration of Last Sickness, about 6 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 6th 1876

{*Undertaker,* Thos & Hughes

Place of Business, 111 E Balto}

Chas. S. Kreiter M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Cavanagh

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 251 West St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) indefinite

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, Nov 6th 1876

Undertaker, Palins Kaehler

Place of Business, Cor Sharp & Lombard sts *Address*

D Tillotson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th Nov.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} William Clinton Roy

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 1. *Years,* 4. *Months,* 14. *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life Time.

Place of Death, {Give street and number} N° 298 Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet fever.

Duration of Last Sickness, 5. days.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Nov 6th 1876

Undertaker, [illegible] Lowe

Place of Business, [illegible] Balto

L. B. Horn M. D
per. G. W. M. Medical Attendant.

Address N° 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. S. Lyon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 263 Cathedral St

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate.) Diphtheritic Paralysis

Duration of Last Sickness, 3 or 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Chesnut Ridge Bal

Date of Burial, Nov 6th 1876

H. S. Latimer M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

Address 245 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 591

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas G Buchanta

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 41 Years, 8 Months, 17 Days.

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Life Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 309 Aisquith St

Cause of Death, First (Primary,) Emphysema of Lungs

Second (immediate,) Bronchitis & Congestion of Lungs with insufficiency of pulmonic valves

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th 76

Undertaker, Geo. Schilling

Place of Business, Aisquith & Monument Sts

H. Stinde M. D.
Medical Attendant.

Address 1st Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Stork

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Provision dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 26 years in U S

Duration of Residence in the City of Baltimore, Resides in Phila Co Vienna & Tunkip

Place of Death, {Give street and number.} Cor Holliday & Orange alley

Cause of Death, {First (Primary.) Apoplexy / Second (Immediate,)}

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Nov 7, 1896

Undertaker, mud.

Place of Business,

Edmund K Walker M. D.
Medical Attendant.

Address Orange bet St P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Crook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. E. Corner Madison Av: & Monument St.

Cause of Death, First (Primary,) advanced age

Second (Immediate,) Old and general debility

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 7th 1876

Undertaker, Mr. Jacob Weaver

Place of Business, No 496 Druid Hill Ave

Jos. Lloyd Martin M. D.
Medical Attendant.

Address 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Patk H Tracy

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, About 60 yrs

Place of Death, {Give street and number.} 71 Cathedral St

Cause of Death, {First (Primary,) Cerebral Apoplexy

Second (Immediate,) Softening Effusion

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 7th Nov 1876

Undertaker, Dyer Jenkins & Son

Place of Business, 16 Light St

Chas A Donovan M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1876

Full Name of Deceased, {Writs legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Sprague

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} 135 N. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Stomach

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Nov 7 1876

{*Undertaker,* Wm Fry / *Place of Business,* 54 N. Broadway}

R. W. Mansfield M. D.
Medical Attendant.

Address 114 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Klay hart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 15 ~~X~~ Years

Place of Death, {Give street and number.} 534 Aisquith St,

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 9 1876

{*Undertaker,* Geo. C. Rodemeyer

{*Place of Business,* 138 Caroline St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mack

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 Parish Alley near Saratoga (St

Cause of Death, First (Primary.) Thrash

Second (Immediate.) Inanition

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Nov 6 1876

~~Medical Examiner.~~ M. D.

Undertaker, S. W. Chase

Place of Business, Howard St } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wesley Mack Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan B. Swinett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 163 Arlington ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 6th 1876

J. E. Gibbons M. D.
Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 150 Camden *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ents is respectfully invited to the remarks below, and to LIST of Diseases on ... back of this Ce...

Board of Health, City of Baltimore,

Permit No. 13760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, About 30 *Years,* ~~~ *Months,* ~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} ~~~

Cause of Death, First (Primary,) Drowning.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, 1st Jan 2nd

Undertaker, Charles Strigue

Place of Business, Pratt & Johnston Sts *Address*

D. Caldwell Inland M. D.
Corner E. Dist. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^m 2. 1896.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Louisa Rees

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* —— *Months,* Three weeks ~~Days.~~

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 Shute St.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give street and number. } 17 Shute St.

Cause of Death, { First (Primary,) Marasmus.
Second (Immediate,)

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Ruddick's Cemetery.

Date of Burial, Nov 2

{ *Undertaker,* Charles Singer
Place of Business, Pratt & Schroder Sts.

D. C. Ireland M. D.
Corner E. Dist. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 2 A.M. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael McGurr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick M.d.

Duration of Residence in the City of Baltimore, ~~~~~

Place of Death, {Give street and number.} Washington Univesity Hosp.

Cause of Death, First (Primary,) Fall from Wagon

Second (immediate,) Paralysis (Spinal dislocation

Duration of Last Sickness, Four days —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 6/76

Undertaker, H. C. Wiedefeld

Place of Business, 118½ N Calvert St

A. L. Wolfe M. D.
Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Roberts.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Wales~~ Baltimore Co Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} No 14 Chestnut St

Cause of Death, {First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, over two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Wednesday Nov 8 76

Undertaker, Thomas S Hughes

Place of Business, 60 E Baltimore St

D Webster Cattell M. D.
Medical Attendant.

Address 16 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13764

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wilson

Sex. Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Schucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Pedot Alley

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Cord Rupt

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1896

Undertaker, Edward H Ebner

Place of Business, 19 Hanover st

Thos. H. Danson M. D.
Medical Attendant

Address 14 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years about 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Narcotized by opium when admitted

Second (Immediate,) Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, 7 Nov. 1876

Undertaker, Saml Bowen

Place of Business, 152 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Foundling

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 7 Nov. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mastony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...patients is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lybrand Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give street and number.} 252 Aisquith St Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Vomica and infiltration

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 7th 1876

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St. *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13768 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lanahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Summer by Dr. Monroe

Cause of Death, {First (Primary,) Premature Birth Twins

Second (Immediate,) Spasms

Duration of Last Sickness, Debility Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Balt Co

Date of Burial, Nov 8th 76

Undertaker, Jno. P. Paulus

Place of Business, 66 Fred Ave

Geo. E. Dare M.D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13719

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thos Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 6 N. W. Corner Mott & Eden

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate.) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, November 7th 1876

{*Undertaker,* H. M. Gibmeyer

Place of Business, 341 Canton Ave.

W. Scott M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 13770 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Francis Dunn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} widow

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 192 Wilkes

Cause of Death, First (Primary,) Chronic Nephritis

Second (Immediate.)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery Thomas O'Kier M. D.

Date of Burial, Nov 7 to 1896 Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street *Address* 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Snader

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 88 E Monument st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 8th 1876

Undertaker, J. B. Booth

Place of Business, No 707 W Baltimore Street

W. H. Register *M. D.*
Medical Attendant.

Address 17 N Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 13772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Koontz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 18 Days.

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 1 mo. 18 days

Place of Death, {Give street and number.} Randall st

Cause of Death, {First (Primary,) Brain disease

{Second (Immediate,)

Duration of Last Sickness, Ever since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 7th 1876

Undertaker, Smith & Dunn

Place of Business, 263 Light st

Jos. E. Clapsaddle M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 1373 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Frank Darby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 4 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 Cary St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Cary St

Cause of Death, {First (Primary,) Brain trouble, most probably from

{Second (Immediate,) very severe labour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 7th 1876

Undertaker, Jos Lowe

Place of Business, 568 W. Baltimore St

H. Hopkinson M. D.
Medical Attendant.

Address 207 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No 16774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances L Christhelf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 38 Wabl St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 21 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial,

Undertaker, C H Blubaugh

Place of Business, Pine Ave & Adolph *Address*

G. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 8976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma, Taylor

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months* 11 *Days.*

Color, Black. *Sex,* Female.

~~Married~~, *Single,* ~~Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 68. Jasper Street

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimetry J. Shotwell Townsend M. D.

Medical Attendant.

Date of Burial, Nov. 7. 1876

Undertaker, John C Joyden *Address* 216 W. Howard St.

Place of Business, 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 18776 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday November 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victor Buchmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, Nineteen (19) years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Progressive Locomotor Ataxy

Second (Immediate,) Exhaustion

Duration of Last Sickness, Cannot be ascertained

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, 7th of November 1876

Undertaker, ———

Place of Business, ——— Avenue

Dr Deetken M. D.
Medical Attendant.

Address Visiting Physician
Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 13777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Pearl Davidson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 7 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence*~~ *in the City of Baltimore,*

Place of Death, {Give street and number.} 405 N Gay St.

Cause of Death, First (Primary,) ———

Second (Immediate.) Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov. 8 1876

Undertaker, J W Jenkins & Son

Place of Business, 16 Light st

C. H. Keech M. D.

Medical Attendant.

Address Waverly Balt. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13778 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Dassin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Cutler

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 444 N. High St

Cause of Death, {First (Primary,) Obstruction of the Bowels / Second (Immediate,)}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 9th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St.

Abraham Arnold, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4, 76—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. William ~~Monteith~~ Maldfeldt

Sex, Male or ~~Female~~, {Cross out the word not required in this line,} ——— *Years,* ——— *Months,* ——— *Days.*

Age, 32 ——— White ———

Color, ———

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} ———

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany—

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, {First (Primary,) Rail-road accident—
Second (Immediate,) Effects of injury—
Shock—

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Trinity st Cem A. L. Wolfe M. D.

Date of Burial, Nov 8th 1876 Medical Attendant.

{*Undertaker,* Julius Kochler *Address* Washington University
Place of Business, 60 Sharp & Cross st. Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS

Board of Health, City of Baltimore,

Permit No. 13780

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48. *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 290 Saratoga

Cause of Death, {First (Primary,) Tubercle / Second (Immediate,) Pneumonia

Duration of Last Sickness, 9 days.

All the above information shou'd be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 8th

Undertaker, Peter Kummert

Place of Business 317 Mulberry St *Address* 226 Mulberry St

Louis C. Horn *M. D.*
Medical Attendant.

NOV 7 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 13781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Dunbar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 Years, 6 Months, 29 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 249 Lee St

Cause of Death, {First (Primary.) / Second (Immediate,)} Brights disease of Kidneys

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 8th 1876

{*Undertaker,* W. J. Tickner / *Place of Business,* 65 S. Eutaw St}

A H Kinney M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13782 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6/76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte Ramo.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 70 (about) *Years,* *Months.* *Days.*

Color, Negro *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co: Md

Duration of Residence in the City of Baltimore, About 7 years —

Place of Death, { Give street and number. } 15 Wilmer St Balto.

Cause of Death, { First (Primary,) Infected malignant ulcer of abt. { Second (Immediate,) Erysipelas

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 7th 1876

Undertaker, Chas T Scriven

Place of Business, 271 W Baltimore *Address*

E R Ohm *M. D.*
Medical Attendant.
Lombard & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kernan,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 23 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} S.W. Corner Front and Hillen Sts.

Cause of Death, {First (Primary,) Labor,
{Second (Immediate,) Puerperal convulsions.

Duration of Last Sickness, Fifteen hours,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery,

Date of Burial, Nov 9 1876

W. P. Morgan, M. D.
Medical Attendant.

{*Undertaker,* James, P, Byrne
{*Place of Business,* 463 W Fayette St *Address* 175 Saratoga St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Shortzmire

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. 5 Years.

Place of Death, {Give street and number.} 77 South Eutaw St

Cause of Death, {First (Primary,) Interstitial Nephritis
{Second (Immediate.) Exhaustion

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 8th 1876

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S Broadway

John Morris M. D.
Physician and Attendant.

Address 5 Franklin Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF DATA OF THIS

Board of Health, City of Baltimore,

Permit No. 13785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Schuering Jr.

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.} Male

Age, Years, One Months, 11 Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 243 S Broadway

Cause of Death, {First (Primary,) Brazilton

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Pauls Cemetary

Date of Burial, Novbr 8th 1876

{*Undertaker,* Henry Sander

Place of Business, 252 Caroline St

Ed Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Sauker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Nov 8th 1876 Edwd F. Mitchell M. D.

Undertaker, I. B. Cook Medical Attendant.

Place of Business, Balto St *Address* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13787

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph G Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 17 *Months,* 20 *Days.*

Color, Whit

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 S Caroline St

Cause of Death, {First (Primary,) Chronic Diarrhoea

{Second (Immediate,) 9 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, L. Catholic

Date of Burial, Nov 9th 1876

Undertaker, Mr Graff

Place of Business, Clay, nr Howard

Lew L Price M. D.
Medical Attendant.

Address 76 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allan William Gullett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Native

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 243 Penna Ave

Cause of Death, {First (Primary,) Malignant Scarlet Fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 8.

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

W W Austin M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Ouellette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Native.

Duration of Residence in the City of Baltimore, 243 Penna Ave

Place of Death, {Give street and number.}

Cause of Death, {First (Primary.) Malignant Scarlet fever

Second (Immediate,) Endocarditis

Duration of Last Sickness, 3 — days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 8.

Undertaker, C W Shipard

Place of Business, 201 Penna Ave

W W Atchison M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13790 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Annie Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 388 Hanburg St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year —

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Nov 9th 1876

Undertaker, John S Meaker

Place of Business, No 150 London

Edwd F Mulholland M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS ARE RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Corporal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* *Days.*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} East 21st No 84

Cause of Death, First (Primary,) Improper diet

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 9th 1876 E. L. Baldwin *M. D.*

Medical Attendant.

Undertaker, William M. Dungee

Place of Business, No 104 East St. *Address* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Blake

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Rose St

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Diarrhoea & Inflammation of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Nov 19 1876

Undertaker, J. W. Gibson

Place of Business, 1[illegible] Pennsylvania Ave

W. B. Griffith *M. D.*
Medical Attendant.

Address 60 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, House girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rheinfels Germany

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} 19 Allemania St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Bristol Rhode Island

Date of Burial, Nov 8th 1876

~~*Undertaker,*~~ Caspar Pauli

Place of Business,

W H Defferdorffer M. D.
Medical Attendant.

Address No 1 & High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 594.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Trinz

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 6 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 69 Centre Market

Cause of Death, {First (Primary,) Obstruction of Bowels

Second (Immediate,) Entero Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Leith Cemetery Canton

Date of Burial, Nov 9th 1876

Undertaker, Jas P. Byrne

Place of Business,

Geo P. Reynolds M. D.
Medical Attendant.

Address 364 E Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dufordo

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Two *Months,* ——— *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5th Mc Charies st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5th Mc Charies st.

Cause of Death, First (Primary,)

Second (Immediate,) Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery S. F. Coyner M. D.

Date of Burial, Nov 8 1876 Medical Attendant.

Undertaker, Wm M Dargle *Address* 134 N High

Place of Business, No 104 East st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. J. C. & C. E. Warrenman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 271 E. Balto St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Family Ceme[illegible]

Date of Burial, Nov 9th 1876

Undertaker, Mat Rossiter

Place of Business, E. Fayette St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A. J. C. Warrenman Father [OVER.]

Board of Health, City of Baltimore,

Permit No. 13797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Dora Lake

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months.* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 6 Hinkins alley

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,) "

Duration of Last Sickness, Almost week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9. 1876

Undertaker, John C Jordan

Place of Business, No 63 Park Ave

W. H. Dunn M. D.

Medical Attendant.

Address Linden St Rockville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen, O. Nolan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Six *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Butchers Lane No 3 -

Cause of Death, {First (Primary,) Pulmonary Tuberculosis
Second (Immediate,) Asthenia

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Camphine

Date of Burial, Nov 9 1876

{*Undertaker,* John C Jordan
Place of Business, No 63 Park Ave

L. G. Sparrow M. D.
Medical Attendant.

Address S. E. Corner Stricker St & Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Md

Duration of Residence in the City of Baltimore. Her whole life

Place of Death, {Give street and number.} 29 Pearl St

Cause of Death, {First (Primary.) Whooping Cough / Second (Immediate,) Pneumonia

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem,

Date of Burial, Nov 11th

Undertaker, Joseph. Loane

Place of Business, Balto St near Fremont Fremont St

Wm Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13800

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Weber

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, One *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} N. Eyetei st 119

Cause of Death, {First (Primary.) Erysipelas of head face breast back
Second (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, November 10th 1876

E. A. Baldwin *M. D.*
Medical Attendant.

{*Undertaker,* John A. Weaver
Place of Business, #22 W. Fayette St

Address 124 N. Eyetei

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall b
during his or her last sickness, or the Coroner, when the case comes under

Board of Health, City of Baltimore,

Permit No. 13801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Bailey

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 197 N. Howard St

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, Nov 10th

Undertaker, John Stewart

Place of Business, 31 Park St

Thomas Shearer M. D.
Medical Attendant.

Married.
Address 97 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Berney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} Md Penitentiary

Cause of Death, First (Primary,) Cranial abscess

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Mar 8th

Undertaker, Charles Strayer

Place of Business, Pratt & Chester

Jno Brooke Bibb M. D.
Medical Attendant.

Address 116 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 96.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Gilman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 9 *Months,* 13. *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Bremen)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82. Fremont.

Cause of Death, {First (Primary.) Bilious fever. / Second (Immediate.) Typhoid

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician

Place of Burial, In Druid Hill Park.

Date of Burial, Nov 9th 1896

Louis (L.) Nohn M. D.
Medical Attendant

{*Undertaker,* John L Mackie
Place of Business. No 150 Camden Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Anton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Proprietor of Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} N. W. Cor. Lancaster & Wolfe Sts.

Cause of Death, First (Primary,) Congestion of Liver

Second (Immediate,)

Duration of Last Sickness, Do not Know - Sawhim 3 days previous to death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov. 10th.

Undertaker, Wendelin Diffel

Place of Business, E. Pond St. 161

James T. Kane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13805 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 96.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Baer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Fifteen *Years,* ——— *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } Corner Baker & Bridon Streets.

Cause of Death, { First (Primary,) Burning of Entire upper Second (Immediate,) extremity

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St Aphousus Cem

Date of Burial, November 9 th

{ *Undertaker,* Headline Dippel
{ *Place of Business,* 3 Bond st 151

D. E. Ireland M. D.
Coroned E. Dist.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex J Brand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 410 Cathedral St

Cause of Death, First (Primary,) Dropsy

Second (Immediate.) General Debility

Duration of Last Sickness, About 6 or 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 9th 1876

Undertaker, Chenoweth & Evans

Place of Business, 364 Penna ave

Edw Dorsey M. D.
Medical Attendant.

Address 414 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Guildener

~~Sex, Male~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow* ~~Widower~~ {Cross out the words not required in this line.}

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 58 N. Liberty St. Balt.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western ~~Lind~~ Cemetery

Date of Burial, Nov 9th 1876

H. Starr M. D.
Medical Attendant.

Undertaker, Mrs Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Address No 60 N. Liberty Street,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S·A F E T Y

Board of Health, City of Baltimore,

Permit No. 13818 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 65 Mc Elderry St corner of Spring St

Cause of Death, First (Primary,) Congenital

Second (Immediate,) congestion of the brain with convulsions

Duration of Last Sickness, About three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th/76

Undertaker, Geo. Schilling

Place of Business, Ship Smith & Monument

Milton N. Taylor M. D.
Medical Attendant.

Address 168 Broadway & Mc Elderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 13809

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ben Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Chestnut Ally

Cause of Death, {First (Primary,) Consumption (Lungs)

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 9th 1876.

Undertaker, Wm F Bishop Jr

Place of Business, 103 Druid Hill Ave.

WM F Jenkins M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the ~~said~~ city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under ~~his~~ notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wannsman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 271 E. Balto St

Cause of Death, {First (Primary,) Premature Birth} {Second (Immediate,) Inanition}

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 10th 1876

M. D.

~~Medical Assistant~~

{*Undertaker,* Chas. Rossing / *Place of Business,* Fayette St} *Address* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Adolph E. C. Wannsman Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret Dillard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 18 years

Place of Death, {Give street and number.} 69 Harford Ave

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 10th 1876

Undertaker, Hy W Mears

Place of Business, 45 N Gay St

Jno Brook Hall M. D.
Medical Attendant.

Address 166 E Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Antanette Meyer.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 53 *Years,* 11 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*Widower*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} 70 S. Fremont St,

Cause of Death, First (Primary,) Tuberculasis,

Second (Immediate,) Apnoea,

Duration of Last Sickness, About 6 Mo's,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Nov. 10th 1876

H. R. Fetterhoff, M. D.
Medical Attendant.

Undertaker, Adam Heidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Preston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Butte City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 13, Carlisle St.

Cause of Death, {First (Primary,) Spasm

Second (Immediate,) Dis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 10

Undertaker, Wm Fry

Place of Business, 54 et Broadway

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Leopold

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Berlenburg Gumany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No. 26 Lloyd St. Baltimore, Md

Cause of Death, First (Primary,) Neuralgia,

Second (Immediate,) Pericarditis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov. 9th 76 6 o'clock John Morris *M. D.*

Medical Attendant.

Undertaker, Mr. Roesger

Place of Business, Fayett street *Address* No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Chaney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Hewett St. No number

Cause of Death, {First (Primary,) Pneumonia Consumption

Second (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 11th 1876.

{*Undertaker,* Charles R. Hearn

Place of Business, 161 Hanover St.

Address 86 Stark St

A. H. Cheney *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th November, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years.* *Months,* *Days.*

Color, Whit *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Concord Street, near Eager st.

Cause of Death, First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Geo. J. Collins, *M. D.*

Date of Burial, November 10 Medical Attendant.

Undertaker, J B Crook

Place of Business, 707 W St Baltimore *Address* 46 Richmond St, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sebastian Klarmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Ten *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 463 Aisquith St

Cause of Death, {First (Primary,) Catarrh; Second (Immediate,) Croup}

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 10 1876

Milton A Taylor M. D.
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 97 Central Ave *Address* 100 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Cassidy & Susan Cassidy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 10 Minutes

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Bally St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 11th 1876

Silas W Hunter M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Front St

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Press

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 25 *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 6

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ln

Place of Death, {Give street and number.} 118 E. Madison St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Nov 11 1876

Undertaker, Thos Rowing

Place of Business, 136 E. Fayette *Address*

G Keyser *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leroy Fleming

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ...

Age, ... *Years,* Eight *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 406, Eutaw Place

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 10th 1876

D. T. Bell M. D.
Medical Attendant.

Undertaker, Mrs Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave

Address 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Witt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 Lexington St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D.C. Eugene F. Cordell M. D.

Date of Burial, November 10th 1876. Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St. *Address* 111 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 593)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Hallert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43 *Years,* —— *Months,* 26 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 88 Battrie Avenue

Cause of Death, {First, (Primary,) Pulmonary Phthisis.
{Second (Immediate,) Debility

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 11 1876

H. Balzer M. D.
Medical Attendant.

{*Undertaker,* C F. Krause
{*Place of Business,* 209 Hanover st *Address* 165. W Conbar st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Broessel

~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 29 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Myrtle av.

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12th of Nov

Undertaker, J. Phillips Seawald

Place of Business, 35 S. Eutaw St *Address* 137 N Fayette St

A Tilbrant M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13824

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hicks Guest

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, three *Years,* four *Months,* & twenty three *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 4 Mo 23 days

Place of Death, {Give street and number.} 247 N Fremont St

Cause of Death, {First (Primary,) / Second (Immediate.)} Died on the 6th day of the eruptive fever, followed on the 6th by Convulsions

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10th 1876

Elias C Price M. D.
Medical Attendant.

Undertaker, Houghes & Co

Place of Business, No 550. W Fayette St *Address* 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm T Tipton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Photographist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, About 19 years

Place of Death, {Give street and number.} 5 E Over Patterson Av & Caey St

Cause of Death, { First (Primary,) Consumption
Second (Immediate.)

Duration of Last Sickness, Two or three years, gave up business 3 Months ago

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, Nov 9

E & C Price & Son M. D.
Medical Attendant.

{ *Undertaker,* J J Chalfants
{ *Place of Business,* 262 Penna av *Address* 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia,

Duration of Residence in the City of Baltimore, 6 weeks,

Place of Death, {Give street and number.} 401 E Gilmore,

Cause of Death, {First (Primary,) / Second (Immediate,)} Burned accidentally,

Duration of Last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 11th 1876

Undertaker, M. McCarney

Place of Business, 448 W Baltimore

Geo A Le Comte M. D.
Medical Attendant.

Address 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVERSEER.]

Board of Health, City of Baltimore,

Permit No. 13827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George M. Sheridan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* *Days.*

Color, Mulato *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 240 Preston Street

Cause of Death, First (Primary,) Phthisis.

Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Nov. 10th 1876

W H Davis *M. D.*
Medical Attendant.

Undertaker, Wm Sinclair

Place of Business, 63 Smithy St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Colman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 85 Jefferson St

Cause of Death, First (Primary,) Syphilis.

Second (Immediate,) Apnoea

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 1896

Undertaker, W. H. Bruyer

Place of Business, Inc 104 East Balto St.

B. F. Leonard *M. D.*
Medical Attendant.

Address 317 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R. McCann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 66 Hanover St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 11 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 11th 1876

Undertaker, Armstrong & Denny

Place of Business, #263 Light St.

Jno. R. Dawson *M. D.*
Medical Attendant

Address 166 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13830

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Whitehead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 158 W. Lombard

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov. 12th 1876

Undertaker, Armstrong & Berry

Place of Business, #263 Light st

H W Webster M. D.
Medical Attendant.

Address 57 Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13831

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Jackson Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 6. *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 867 N. Balto St.

Cause of Death, {First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, About 36 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, November 11

{*Undertaker,* J B Cook

Place of Business, 707 West Baltimore St

H. R. McElwee M. D.
Medical Attendant.

Address 882 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cooper.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oysterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 19 S. Durham St

Cause of Death, First (Primary,) Insanity

Second (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10 in 1876

Undertaker, John W Cooke

Place of Business, 39 S. Wolf St

G. Glanville, Rusk M. D.

Medical Attendant.

Address Balt & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13833 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. F. Gatch

~~*Sex,* Male or Female,~~ { Cross out the werd not required in this line. }

Age, 28 *Years,* 2 *Months,* 3 *Days.*

Color, Black *Sex,*

~~*Married,* Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 139 N. Caroline

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 1876

J. W. P. Bull *M. D.*
Medical Attendant.

{ *Undertaker,* John M. Sachs / *Place of Business,* 58 S. Wolf st } *Address* 93 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 138341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria J. Mahon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 3 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt County Md

Duration of Residence in the City of Baltimore, 5 years 10 months

Place of Death, {Give street and number.} 215 Druid Hill Ave

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Senility

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Md

Date of Burial, Nov 11th

E. H. Adams M. D.

Medical Attendant.

Undertaker, C. H. Bispham

Place of Business, 20 Pennsylvania Ave

Address Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit No 5944

Board of Health, City of Baltimore,

Permit No. 13835 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Lyons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* , *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Alice Ann st 226

Cause of Death, First (Primary,) Consumption Lungs

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 12th 1876

Undertaker, W Dipsell

Place of Business, 151 E Lombard st

S T Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th Nov. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jancratius Arch

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } German

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 19 W. Chatsworth

Cause of Death, { First (Primary.) } softening of the brain

{ Second (Immediate.) } paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, ~~F.~~ Alms House Cemetery

Date of Burial, 11 Nov. 76

Undertaker, Weber Bros

Place of Business, Lexington 151

Address 24 E. Saratoga

J. Latrobe M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 13837

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Emma Grace Thomsen

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} McCullough St

Cause of Death, {First (Primary.) Dip. Chorea Croup

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 11 1876

Undertaker, Holl Kennick & Sons

Place of Business, 92 N Howard St

Chas A Donovan M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Eight Days.

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} * 14 South Bruce St.

Cause of Death, First (Primary,) Tetanus Nascentium.

Second (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 11th 1876

Undertaker, J. B. Cook

Place of Business, No 767 W Baltimore Street

J. W. White M. D.
Medical Attendant.

Address 845 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary S. Bachman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* 4 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 358 Mount St

Cause of Death, First (Primary,) Cancer

Second (Immediate.)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Bruce Jones M. D.

Medical Attendant.

Date of Burial, Nov 12th/96

Undertaker, Geo. Schilling *Address* 164 N. Howard St

Place of Business, Keyser & Thomment

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13840 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 51 Gaspee St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Two hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13. 96

J. Gilman M. D.
Medical Attendant.

{*Undertaker,* S W Gilbert

Place of Business, 191 E Monument *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13841 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Somerhauer

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - In U.S. 29 yrs

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 109 Leadenhall St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Apoplexy

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, November 12 1876

M. D.
Medical Attendant.

Undertaker, John F. Coulson

Place of Business, 66 Fredrick Ave *Address* 120 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 42 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling Institution

Duration of Residence in the ~~City of Baltimore~~, 2 weeks

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Nov 12 1876

Undertaker, Saml Bowser

Place of Business 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 13843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Rosena White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 338 S. Bond St.

Cause of Death, First (Primary.) Chronic Spinal disease

~~Second (Immediate.)~~ Deformity from early childhood

Duration of Last Sickness, 1½ Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 12.

Undertaker, Leonard Kurz

Place of Business, S. Bond St.

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Fells St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

O D A K S A F

Board of Health, City of Baltimore,

Permit No. 138.144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Augt. Heilich.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth)}

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 86 Lombard St East.

Cause of Death, {First (Primary,) Hemorrhage from Lungs. Second (Immediate,) Pulmonary Consumption.}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 12th 1876

Undertaker, M A Daugherty

Place of Business, 94 S Broadway

Lud. M. Hynson M. D.
Medical Attendant.

Address 130 N. Eutaw St
Near Oliver Mrs. Hynson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13845 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lizzie Gaylen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 S. Howard

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Nov 12 Th 1876

Undertaker, Jos Isaac

Place of Business, 568 W. Balto St

N. W. Webster, M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva J. Davis,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child of family,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 120 Townsend Street,

Cause of Death, First (Primary,) Asthma, (Chronic,)

Second (Immediate.) Asthma.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Nov 12

Undertaker, C. W. Blizzard

Place of Business, 201 Pen ave

Chas. E. Bryan M. D.
Medical Attendant.

Address 31 Hillyard st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13847 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Einwaechter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His residence,

Place of Death, {Give street and number.} No 118 Eislein

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Dropsy.

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery

Date of Burial, Nov. 12th 1876

Charles A Geiger M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. Address No. 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rothenis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 Years, 11 Months, 11 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 142 Mulberry St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, November 11th 1876.

Undertaker, H. M. Tiemeyer

Place of Business, 311 Canton Ave

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13824 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rhine

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, about 19 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, {First (Primary,) Typhoid Fever with Pneumonia apnoea / Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Elkton City Md

Date of Burial, Nover 11 8

{*Undertaker,* Viendline & Tippel / *Place of Business,* S Bond St 151}

J. H. Clawson M.D.
Medical Attendant.

Address Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 595

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 13850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Thompson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, (b) *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 21 Water Street

Cause of Death, {First (Primary,) Pthisis Pulmonalis - one year
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 12th 1876

{*Undertaker,* William N. Dunger
Place of Business, No 104 East St.

Saml. R. Powell M. D.
Medical Attendant

Address 1429 Aisquith St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13857. OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1871

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Nelson, Col'd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mc Dowell Street

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 152 Chapel st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) "

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12th 1871

Undertaker, William N. Bunce

Place of Business, 170 104 East St. *Address* 166 Jefferson st

E. N. Gordon *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13852 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 P.M. 10th November, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maud Eugenia Funk

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Two *Years,* Five *Months,* Eleven *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 years 5 months & 11 days

Place of Death, { Give street and number. } 192 Dolphin St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) " "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Wm. I. Funk, M. D.

Date of Burial, November 12 1876 Medical Attendant.

Undertaker, Chas. J. Stirren

Place of Business, 2718 Eutaw St *Address* 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13813 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th November 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta F. Roeser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 240 S. Paca St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 14 '1896

Undertaker, Leo Lvasse.

Place of Business, W Balto St

H. W. Ohnings *M. D.*
Medical Attendant.

Address 166 W Fayette St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 13852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baptiste Boivin

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Johns New Foundland

Duration of Residence in the City of Baltimore, 30 Yrs.

Place of Death, {Give street and number.} No. 124 S. Bethel

Cause of Death, {First (Primary,) / Second (Immediate,)} old age 2 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudal cemetry

Date of Burial, Nov 11th 75.

Undertaker, John W. Locks

Place of Business, 4 Wolfe st

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimor...

Permit No. 13855

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1876 BALTIMORE

Date of Death, November 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, about 10 Years

Place of Death, {Give street and number.} 14 Rice st

Cause of Death, {First (Primary.) Typhoid Fever / Second (Immediate.)}

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 12 Nov.

Undertaker, P. Kümmel

Place of Business, 317 Mulberry St

D Darling *M. D.*
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 13856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy Eight *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 98 W. Fayette St

Cause of Death, {First (Primary.) Disease of Brain / Second (Immediate,) Paralysis

Duration of Last Sickness, Seven days,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 13th 1896

Undertaker, H. H. Jenkins Jr

Place of Business, 16 Light St *Address* N 114 Park Ave

A. Hatard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13857 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wilkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Paperhanger

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 122 N. Bond St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 13th 76

Undertaker, Thos. O. Murphy

Place of Business, 11 E Balto

G. Glanville, Rush M.D.
Medical Attendant.

Address Balt. & Mech. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13858 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th November 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Dallister

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 83 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, { Give street and number. } Carrollton Hotel

Cause of Death, { First (Primary,) Old age
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Boston

Date of Burial, 15 Nov 1876

{ *Undertaker,* W. Lintner & Co
Place of Business, 16 Light St.

S. W. Onings M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 576)

Board of Health, City of Baltimore

Permit No. 13859 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th Nov 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gambert

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 S. Wolfe

Cause of Death, {First (Primary,) Acute Entero colitis
Second (Immediate,) Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov. 12th.

Undertaker, Hendelin Dippel

Place of Business, E. Bond St 151

Heathin M. D.
Medical Attendant.

Address 2450 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore November 11, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Three Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore. Four Years

Place of Death, {Give street and number.} No. 375 West St Entrance

Cause of Death, First (Primary,) Nervous Apoplexy

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, 11/13/76

Undertaker, H. A. Wheeler

Place of Business, 1170 Broadway

L. L. Dyer M. D.

Medical Attendant.

Address No. 1114 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam.l Regesler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— Years, Ten Months, Twenty nine Days.

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. E. corner Bond & Chase

Cause of Death, First (Primary.) Acute Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 13th 1876

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St

A Hartman M. D.

Medical Attendant.

Address 1305 N Caroline St

Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 13862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 145 Mulberry St

Cause of Death, {First (Primary,) Pneumonia Taken Oct 13 got nearly well. had a relapse Oct 31. He appeared to be entirely well of pneumonia for more than a week, but sank into a typhoid debilitated condition & died

{Second (Immediate,)

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'tery

Date of Burial, November 13th 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 76—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Taylor.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ———

Age, 41 *Years,* " *Months,* " *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, {~~First (Primary,)~~ / ~~Second~~ (Immediate,)} Injury sustained from fall.

Duration of Last Sickness, ——— 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 13 1876

Undertaker, C. Kunkel

Place of Business, Park St

A L Balph *M. D.*
Medical Attendant.

Address Washington University.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13864

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mary Bu[illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emden Hanover Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 301 N. Paca St. [illegible]

Cause of Death, First (Primary,) Chronic Enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 14th 1876

Undertaker, F. N. Groll

Place of Business, 90 S. Howard St *Address* 29 S. Sharp St.

Wm J Clinedinst M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number} 298 N Carrollton St

Cause of Death, {First (Primary.) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 14th/96

Undertaker, Geo. Schilling

Place of Business, Bizguilt & Monuments *Address* 11 E Fayette St

Geo. Schilling *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13866 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Francis Fields

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* two *Months,* nineteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 367 Orleans Street

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 98 Orleans Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 3rd d. Attack in close proximity

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, November 13th

Undertaker, William Fry

Place of Business, cor. Broadway & Fayette

Geo. H. Wagner M. D.
Medical Attendant.

Address 18. Bisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of B...ltimor...

Permit No. 13867 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 12^th^ 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Kimbarry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* Seven *Months,* Twenty Seven *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 47 Broadway

Cause of Death, {First (Primary,) Dropsy of Heart

Second (Immediate,)

Duration of Last Sickness, About five weeks

All the above Information should be furnished by the Physician.

Place of Burial, Friedrich Cetty

Date of Burial, Nov 13

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Geo. G. Williams M. D.
Medical Attendant.

Address 47

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 597

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~November 12th~~ 76. November. 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 day. *Days.*

Color, Col.

Married, ~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth} 65 Myrtle Av.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 65 " "

Cause of Death, {First (Primary.) ——— Second (Immediate,) Premature birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 17 1876

Undertaker, W M C Case

Place of Business, No 198 Howard St

Louis L Bo Dorsey M. D.
Medical Attendant

Address 226 Mulb.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13869

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Shafer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 ~~F~~ *Years,* 4 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 4 Breton alley Balt° City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 4 Breton al

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 13

{ *Undertaker,* [illegible]

{ *Place of Business,* [illegible]

R. Winslow M. D.
Medical Attendant.

Address 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13871 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida Mittendorf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 9 *Months,* 20 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #222 Chew

Cause of Death, {First (Primary.) Rheumatism
Second (Immediate,) ~~Fat~~ Disease of Mitral Valves of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem'y

Date of Burial, Nov 13th 1876 Andrew Hartman M. D,
Medical Attendant.

Undertaker, Wm Frey

Place of Business, Broadbeck *Address* #305 N. Caroline St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13871 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ November 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Henning

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 80. S. Fremont St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 13. 1876.

{Undertaker, J. S. Macher

{Place of Business, Cor Camden & Sarah Sts Balto

E. W. Onion M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 13872

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lentz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 410 E Chase st

Cause of Death, {First (Primary,) Chronic Bronchitis / Second (Immediate,) Pneumonia Acute

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, December 15, 1876

M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 339 Central Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 13873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary P. Seymour

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S.E. Cor. Jefferson & Caroline Sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 13th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James E. Denmille M. D.
Medical Attendant.

Address 1996 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 13874

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 94 Federal St

Cause of Death, First (Primary,) ... Phthisis

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, November 14 1876

G. L. Tanquary *M. D.*
Medical Attendant.

Undertaker, Chas. T. Shivers

Place of Business, 291 W. Baltimore St *Address* 129 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19875 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible] Nov 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cassidy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Hanover

Cause of Death, {First (Primary,) Cerebral Spasm
Second (Immediate,) Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, October 13th 1876

M. D.
Medical Attendant.

{*Undertaker,* H. M. Gibmeyer
{*Place of Business,* 341 Canton Av, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 13876

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Gempske

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 480 Eastern ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, /

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 14th 1876

James A Steuart M. D.
Medical Attendant.

{*Undertaker,* H. M. Gilmore / *Place of Business,* Eastern Ave} *Address* Canton Depot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E Gemmer Mother [OWNER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Wm. D. Elay

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Forty three *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Gent Labourer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Seals Island Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number. } 208 Race (Morris)

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Years & 6 Months

All the above information should be furnished by the Physician.

Place of Burial, W Fair Cemetery *Medical Attendant.* M. D.

Date of Burial, Nov 12

Undertaker, M H & Perry

Place of Business, 448 W Pratt *Address* 136 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exception in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 13878 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto - City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 253 Light St.

Cause of Death, First (Primary.) Spasm

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, Nov 14 1876

Undertaker, C. F. Kraus

Place of Business, 209 Hanover st

R. C. Lee M. D.
Medical & Hospital
Corner 3d.

N. W. cor Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 13879 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Hole Court and 186 N. Central ave

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Scarlatina maligna

Second (Immediate.) exhaustion

Duration of Last Sickness, 2 weeks, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Nov. 14.

Undertaker, James Byrne

Place of Business, Front St. near Low

F. Altemus *M. D.*
Medical Attendant.

Address 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 13880 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allie Getemale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Wilmer alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13th 1876

G. Tennant Sloan M. D.
Medical Attendant.

Undertaker, John C. Jordon

Place of Business, Park St

Address Eutaw St Ryesters

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1388

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Rynninger

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, { Give street and number. } ~~Residence~~ 533 N. Gay St

Cause of Death, { First (Primary,) Hereditary Constipation

{ Second (Immediate,)

Duration of Last Sickness, 5 or four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November

Undertaker, Wendelbo Diffell

Place of Business, Broadway 515, *Address* 132 N Gay St

Richd Sappington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13882 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hoellner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 12 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 144 Orchard St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Empyesema of the Heart

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 14th 1876

{*Undertaker,* And Leitz

{*Place of Business,* ———

Henry Fisher M. D.
Medical Attendant.

Address 168 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 13883

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Clabaugh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N 8 N Carey St

Cause of Death, First (Primary,) Difficult respiration of Head during parturition

Second (Immediate,) Hemorrhage (Nasal)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, Nov 14th 1876

Undertaker, Hughes & Co

Place of Business, 813 Fayette St

H H Chetard M. D.

Medical Attendant.

Address N Mc Park Ave

NOV 14 '76 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13884 OFFICE OF REGISTRAR OF VITAL STA[illegible].

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice P Brindellar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Not Any

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Everett Pa

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 40 N Eaksins St

Cause of Death, {First (Primary,) Membraneous Croup
Second (Immediate,)

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Everett Penn

Date of Burial, Nov 15th 1876

Undertaker, Hughes & co

Place of Business, 530 Fayett St

C. F. Jones ..... *M. D.*
Medical Attendant.

Address 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 598

[OVER.

Board of Health, City of Baltimore

Permit No. 13885 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hancock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} N. H. Cor. Eastern Ave & Durham St, Fells Point

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, Address 68 S. Broadway

James E. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sabina Stokes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } Frederick Ave 74

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,) 2 years

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London P.A.

Date of Burial, 14 Nov 1879

Undertaker, John Paulus

Place of Business, 66 Frederick Ave *Address* 74 Frederick Ave

A. C. G. Wolfe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Waters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 1. *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 357 N Fayette St

Cause of Death, First (Primary,) . Measles. —

Second (Immediate,) . Convulsions & Bronchitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 14th 1876

F. C. Shatard M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 406 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13888

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Hafard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Supposed to be about 48 years, ~~Months~~, ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} Western Hotel

Cause of Death, {First (Primary.) / Second (Immediate.)} Natural causes, but unknown to the jury.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 14th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

Geo C Ogle Coroner M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Bodensiek

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 407 Franklin St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Gen Debility

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 14th 1876

{*Undertaker,* W. H. Foos

{*Place of Business,*

James A Steuart M. D.
Medical Attendant

Address Comptroller & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by D. A. Bodensiek Nephew

[OVER.]

Board of Health, City of Baltimore.

Permit No. 13890 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Renie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 309 E Balto St

Cause of Death, First (Primary,) Cerebral Haemorrhage

Second (Immediate,) or Apoplexy

Duration of Last Sickness, 23 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 15th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

James E Donelle M. D.
Medical Attendant.

Address 1296 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13891 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Nov. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth McKegley.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 46 (forty-six) *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Milliner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } York county Pa

Duration of Residence in the City of Baltimore, About 29 years

Place of Death, { Give street and number. } No 135 Lexington St.

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, 15 Nov. 1876

Charles A Geiger. M. D.
Medical Attendant.

Undertaker, Conrad Rankel

Place of Business, 60 Pratt St

Address No. 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Hunt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 21 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 Chestnut alley

Cause of Death, {First (Primary.) ——} {Second (Immediate.)} Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — James A Steuart M. D.

Date of Burial, Nov 14th 1876

{*Undertaker,* W. H. Bibbins — Address Comptroller & Registrar

{*Place of Business,* Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov[illegible]ber 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* [illegible] Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 208 E Chesnut St

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician

Place of Burial, Catholic Cemetery

Date of Burial, Nov. 14th 76

Undertaker, Jas. E. Burns

Place of Business, Front St

D M Cathell *M. D.*
Medical Attendant.

Address 14 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Deborah Ensor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 215 Townsend

Cause of Death, {First (Primary,) Mental Aberration

{Second (Immediate,) Asthenia, principally from an unwillingness to take food

Duration of Last Sickness, Last year her mind was affected

All the above information should be furnished by the Physician

Place of Burial, Western C —

Date of Burial, Nov 14, 1876

Undertaker, J. R. Blackistone Son

Place of Business, 606 Balt st

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 14 1876

Date of Death, November 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles Littleton Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 238 Pierce Street

Cause of Death, {First (Primary,) Diphtheritic Croup

{Second (Immediate,) " "

Duration of Last Sickness, 2½ & 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western C——

Date of Burial, Nov 15th 1876

Hummer & Fox M.D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St

Address 190 Penna Ave
& 414 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 88. N. Sharp St

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, About ~~three~~ weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov 14th 1876

Undertaker, Joseph Cook

Place of Business, 107 N. Baltimore St.

W. R. McAtee M. D.
Medical Attendant.

Address 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnd William Saunders

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 4 *Years,* 8 *Months,* 20 *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 4 Yrs. & on [illegible]

Place of Death, { Give street and number. } 42 Pine St

Cause of Death, { First (Primary,) / Second (Immediate,) } Cerebro-Spinal Meningitis

Duration of Last Sickness, 1½ days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 14 1876

Dr A. Gilles *M. D.*
Medical Attendant.

Undertaker, W M Chase

Place of Business, No 1 [illegible] Howard St *Address* 84 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sulaman Blake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} # 32 Ohio, Avenue

Cause of Death, First (Primary,) Bilious Fever

Second (Immediate,) Anasarca

Duration of Last Sickness, 34 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14 1876

Undertaker, J. H. McIntire

Place of Business, No 178 Broad

J. H. Bell M. D.
Medical Attendant.

Address 161 Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laura V. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 5 Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 31 N. Durham St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemet.

Date of Burial, Nov 14th 1876

Undertaker, John Wooks

Place of Business, Wolf St

Francis T. Sauer M. D.
Medical Attendant.

Address 33 Jefferson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} William H. Pope

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 228 Hughes Street, (Little)

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15" 1876

Undertaker, S. W. Chase

Place of Business, Howard St

Address Commrs of Health & Registrar

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information John Pope Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margareth Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 250 Alice Anna St.

Cause of Death, {First (Primary,) Convulsions accompanied by a vesicular eruption.
{Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 15th

{*Undertaker,* Henry Bain
{*Place of Business,* 252 Alice Anna St.

John H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M Kitrin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 183 Oregon St.

Cause of Death. {First (Primary,) Scarlet Fever

{Second (Immediate,) " "

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 15th 1876

Oscar Baccomi M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Hickman

{*Place of Business,* 234 N. Gay St. *Address* 187 Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, About Ten (10) Years

Place of Death, {Give street and number.} 118 Bethel St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two Years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Nov 13th 1876

Undertaker, John W. Locks

Place of Business, 59 S. Wolf St

S. L. Price M. D.
Medical Attendant.

Address 19 Strawberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura A. Nichols

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 6 & S. Dallas

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, Nov 15th 1876

Undertaker, Geo M. Lamb & Co

Place of Business, 33 S. Howard St

John H. Emmes M. D.
Medical Attendant.

Address 216 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Viola Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. All her life

Place of Death, {Give street and number.} Nr. 80 S. Chester St.

Cause of Death, First (Primary.) Cyanosis

Second (Immediate.) Congestion of lungs

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem. Phil Rd

Date of Burial, Novem. 15 1876

E. S. Jones M. D.

Medical Attendant.

Undertaker, M A Daiger

Place of Business, 406 S. Bal. St

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lee Seward

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* five *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 166 S. Washington St

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount[illegible]

Date of Burial, November 15th 1876

Undertaker, Henry Frechlich

Place of Business, 246 Eastern Av

C. Edward Miller M. D.
Medical Attendant.

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITA

Permit No. 13907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15 1876

Date of Death, 11th Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur James Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, Jive Years

Place of Death, {Give street and number.} 317 N. Howard

Cause of Death, First (Primary,) Bolls disease of spine,

Second (Immediate,) Caries Expectoration

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Nov 14th

D. R. Page M. D.
Medical Attendant.

Undertaker, H & G Penn

Place of Business, 448 W Pratt st *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Hodges

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 251 Fountain St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Nov 16th 76

{*Undertaker,* H Echart / *Place of Business,* 269 Canton Av}

M. D.
Medical Attendant.

Address 24 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 13909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hearer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 36 Hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 271 E. Baltimore St Cor Butler

Cause of Death, First (Primary,) Imperforate Rectum

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Cornel. Cem.

Date of Burial, Nov 15th 76

Undertaker, K. Eckardt

Place of Business, 269 Canton ave.

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Ann Hemsley

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, not known *Years,* about 38 ~~Months~~ yeare *Days.*

Color, Black *Sex,* female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, not known, about 10 yeare

Place of Death, {Give street and number.} No. 10 Booth St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonalis

Duration of Last Sickness, About 3 Months did not attend her at first

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1876

Undertaker, Wm H. Dorsey

Place of Business, No 104 East St

J. W. S. Jordan M. D.
Medical Attendant.

Address 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andy J. Frailer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Ever since birth

Place of Death, {Give street and number.} Gould's Mansion Light St.

Cause of Death, {First (Primary,) Second (Immediate,)} Spasmus Nascentium

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 16th 1876

A. M. Dodge *M. D.*
Medical Attendant.

Undertaker Pulizzi & Koehler

Place of Business, Cor Sharp & Cross sts *Address* 207 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 13915

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Jay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 3 *Months,* 12 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 25 Goodman's alley

Cause of Death, {First (Primary,) Porter

{Second (Immediate,) Consumption

Duration of Last Sickness, 1 year & 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 17th

Undertaker, Henry Boule

Place of Business, Hanover St &c

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday November the fourteenth 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* Nine *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Honor Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Raleigh Wake Co North Carolina

Duration of Residence in the City of Baltimore, One year and seven months

Place of Death, {Give street and number.} 37 Sterling St

Cause of Death, {First (Primary,) Consumption of the Lungs

Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemt

Date of Burial, Nov 16 76

Undertaker, J Rhu J Rodmaye

Place of Business, Cor Summit Ave & Summit St

H Henderson Mitchell *M. D.*
Last Medical Attendant.

Address 37 Sterling St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 13914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 - 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Britenan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 14 days Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} University of Maryland Hospital

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Inft Asylum

Cause of Death, {First (Primary.) Mal-nutrition / Second (Immediate.)}

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Nov 15

Date of Burial, Louden Park

Undertaker, C W Blizzard

Place of Business, 201 Pen av

C. F. Bryan. M. D.
Medical Attendant.

Address 241 Linden av cor Fawn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th Nov. at 7 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Carnish

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 18 Months, 15 Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Port Deposit

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} Balt. 17 Bruce alley

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, 15 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Semetery. C. C. Richardson M. D.

Date of Burial, 16th of Nov. 1876 Medical Attendant.

Undertaker, F. S. Cook

Place of Business, 107 W. Baltimore St *Address* 302 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 13916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 10 P. M. 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henry Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cigar Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 483 E. Baltimore St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, November 16th.

Undertaker, Kendelin Diffel

Place of Business, 1. Bond St. 151

James E. Donnelly M. D.

Medical Attendant.

Address 222 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles F. Lodwig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 223 Orleans St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Obstruction of Larynx

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16

Undertaker, Chas Rossong

Place of Business, Fayett.

James E. Donnelly M. D.

Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Philpot

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years.* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 574, W. Baltimore St.

Cause of Death, {First (Primary,) Hypertrophy of heart
Second (Immediate.)

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C

Date of Burial, Nov 17 — 1876

Undertaker, P. Blakiston & Son

Place of Business, 606 Balt St

Morris Wiener M. D.
Medical Attendant.

Address 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Safsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 6 Penn St

Cause of Death, {First (Primary.) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician

Place of Burial, Sweet Home

Date of Burial, Nov 16

Undertaker, Philip Seewald

Place of Business, 35 S. Eutaw St

A. H. Carney *M. D.*
Medical Attendant.

Address 76 S Penn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13920 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Roffregen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 9 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} Penn. Ave. & George Sts.

Cause of Death, First (Primary,) Cardiac disease

Second (Immediate,) Dropsy

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Novbr 17th 1876

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Miller

Place of Business, ~~Penn ave & George~~ 8 Paca Street *Address* 241 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roswell D Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 l. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belknap Co New Hampshire

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 38 N Calvert

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 8 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem. & Jos. E. Clay, M. D.

Date of Burial, Nov 17.

Undertaker, W. S. Krause, 185 Eutaw Medical Attendant.

Place of Business, Hanover St *Address* 1 Balto Ins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13922 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Todd

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Eutaw Eyland

Cause of Death, {First (Primary,) Organic Cardiac Disease

{Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov 17 - 1876

{*Undertaker,* A. W. Jenkins Son

{*Place of Business,* 16 Light St.

Chas A'Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wroten

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Locust Point Cook & St. Balto Co,

Cause of Death, {First (Primary.) Consumption

{Second (Immediate.) do —

Duration of Last Sickness, 2 Years —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 17

Undertaker, Armstrong & Denny

Place of Business, No 202 Light St

C. W. Pancoast *M. D.*
Medical Attendant.

Address Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H Magne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 700½ W Balto St

Cause of Death, {First (Primary,) Organic disease of the Liver

Second (Immediate,)

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 17th 1876

Undertaker, Jos. Logue

Place of Business, 568 W Balto St

A. H. Hanney *M. D.*
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Lovenia Oliver, Nov 15 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Burroughs St. Balto.

Cause of Death, {First (Primary,) / Second (Immediate,)} Lobular Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 16 1896

Undertaker, William Fry

Place of Business, Broadway

E. H. Toomey *M. D.*
Medical Attendant.

Address Orangeville Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wallen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 10 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Del

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 140 Williams St

Cause of Death, {First (Primary,) Second (Immediate,)} Unknown

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 17/76

Undertaker, A W Jenkins & Son

Place of Business, 16 Light St

W. B. Stubbs M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Stockhouse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* (69) *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Engershausen Prussia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Light St Cor Warren

Cause of Death, First (Primary,) Encephalomalacia from Shock

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery W.D. City

Date of Burial, Nov. 15th

M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address* 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma R Tucker

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 7 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 296 N. Bond St

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery H. T. Reynolds M. D.
Medical Attendant.

Date of Burial, Nov 19th /76

{*Undertaker,* Geo. Schilling *Address* 18 Aisquith St
{*Place of Business,* Lizy with & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Deckelman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 42 Lynn Alley

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, St Johns Cemy

Date of Burial, 17 Nov.

Undertaker, P. Kinnear

Place of Business, 311 Mulberry St

H Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 13930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. R. Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty Five *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 52 Saratoga

Cause of Death, {First (Primary,) ——— Second (Immediate,) Phthisis Pulmonis

Duration of Last Sickness, Month

All the above information should be furnished by the Physician

Place of Burial, Talbot Co Md

Date of Burial,

Undertaker, M A Daiger

Place of Business, 74 Bay

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 599

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stuart Calvin Comer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three *Years,* Four *Months,* Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 136 Monroe Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Coma

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 18/76

Undertaker, J H Weaver

Place of Business, Druid H Avenue

Silas Baldwin M. D.
Medical Attendant.

Address 130 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Fahey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Woodyear

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate.) 7 Days

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 17th 1876

Undertaker, Joseph F Byrnie

Place of Business, 59 n Liberty st *Address* 248 Madison Ave

Tho. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13933

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White *Sex.* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baer. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 34 Eltin[illegible] Street.

Cause of Death, First (Primary,) Scarlatina ;

Second (Immediate,) Diptheria

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks burying Ground

Date of Burial, Nov 17

Undertaker, J Coughlin

Place of Business, 41 Holliday St

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Bidale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 16 1876 BALTIMORE

Date of Death, Nov 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty Five *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Forest St

Cause of Death, {First (Primary,) Softening of the brain / Second (Immediate,) Paralysis

Duration of Last Sickness, About Three months

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 17th 1876

Undertaker, James O Byrne

Place of Business, No 631 Front St

Milton A Taylor M. D.
Medical Attendant.

Address 138 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Simms

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White ~~*Sex,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 27 Barre St.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery J. W. Owings M. D.

Medical Attendant.

Date of Burial, Nov 17th 1876

Undertaker, John Thacher

Place of Business, No. 150 Camden St Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13936 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Einwaechter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nine *Years,* Three *Months,* Thirteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give street and number.} No. 118 Eislein St.

Cause of Death, {First (Primary,) Scarletina

{Second (Immediate,) Uraemic condition of blood from dropsy.

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetry

Date of Burial, Nov 17th 1876

Charles A Geiger. M. D.
Medical Attendant.

{*Undertaker,* Adam Woidemeyer

{*Place of Business,* 578½ W. Baltimore St. *Address* No 267 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Steley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} N. Sharp No 6

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 17th 76.

A D Chesley M. D.
Medical Attendant.

Undertaker, Mr Snyder

Place of Business, 520½ W. Baltimore St. *Address* Cor Franklin

Alexander Steley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in n lnst illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Stockton St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 17th 1876

C Winslow M. D.
Medical Attendant.

{*Undertaker,* Chas T Scriven

Place of Business, 271 N Eutaw st

Address 239 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Dryden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* Feb. 1838 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md

Duration of Residence in the City of Baltimore, Always resided in Balt.

Place of Death, {Give street and number.} 45 Warren St.

Cause of Death, First (Primary,) Puerperal fever,

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov. 17th 1876

Undertaker, Armstrong & Kenny

Place of Business, 263 Light St. *Address* 161 Sharp St.

J. A. Bell **M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Guest

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Liberty Street

Cause of Death, First (Primary,) Mammary Cancer

Second (Immediate,)

Duration of Last Sickness, about One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 18

Undertaker, J Godey Lee

Place of Business, 41 Mason Pl *Address*

Geo Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Edwards

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 85 Calhoun Street Balto

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va

Date of Burial, Sunday Nov. 19th/76

{~~Undertaker~~, I. F. Nicholson

Place of Business, Cor. Balto & North Sts *Address*

C B Gaunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 600)

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fischer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 186 Eastern Av

Cause of Death, {First (Primary.) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, November 17 th.

Undertaker, Hendelin Dippel

Place of Business, S. Bond st. 151

L. C. Wulferick M. D.
Medical Attendant.

Address 125 Eden r

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 3 Years, — Months, — Days.

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} No. 11 N. Castle St. Bet. Hamstead & Fayette

Cause of Death, First (Primary,) Burned all over, from explosion of Coal oil Lamp in her hand

Second (Immediate,)

Duration of Last Sickness, About 49 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudenbeck

Date of Burial, Nov 17th 1876

E. P. Sons M. D.

Medical Attendant.

Undertaker, John W. Leeks

Place of Business, 57 South Wolf

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Novemb 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Healey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 7 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 66 S Arlington Ave

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate.) Dyspnoea

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Baltimore Co

Date of Burial, 18

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, Wm Cook

Place of Business, 707 West Baltimore

Address 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th Nov. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Schramm

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Germany~~ Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 388 Orleans St.

Cause of Death, First (Primary.) Consumption

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, ~~Green~~ Edwards church

Date of Burial, 19th Nov. 76

Undertaker, John Herrick & Co

Place of Business, 386 Orleans St.

Address 394 E. Balt

J. Feathers M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13946 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary McDonald

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 256 Hanover st Baltimore

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetery

Date of Burial, Nov 18

Undertaker, Armstrong & Denny

Place of Business, Cor Light & Montgomery *Address*

J. Duncan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Oliver

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 3 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 419 N. Gay street

Cause of Death, {First (Primary.) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, about 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18 1876

{*Undertaker,* James D. Byrne

{*Place of Business,* No 63 N Front St

C. J. Kimber M. D.

Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13948 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th Nov. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Randolph Coyl,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 8 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 8.5. S. Washington St.

Cause of Death, {First (Primary,) Scarlet Fever, / Second (Immediate,) Cyanosis,

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, 17th Nov. 1876

Undertaker, H. Kay Sanders

Place of Business, 252 Eutaw St.

G. Glanville, Clerk M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolf Janvier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 181 Walsh St

Cause of Death, First (Primary,) Hydrothorax.

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 18th 1876

Undertaker, Mrs Jacob Weaver

Place of Business, Address No 476 Druid Hill Ave

W. Thread M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Banks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 8 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Ohio Avenue

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 18th 1876

Dr A Bell M. D.
Medical Attendant.

Undertaker, A. Warfield

Place of Business, Dover St *Address* 161 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Over 3 Years

Place of Death, {Give street and number.} 405 [illegible] St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, 30 [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 18 Dec 1876

M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 81 Hanover St *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Belle Lowndes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, Two *Years,* Two *Months,* 17 *Days.*

Color, White *Sex,* F

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 & 1 Park Ave

Place of Death, {Give street and number.} 261 " "

Cause of Death, {First (Primary,) Membranous Croup

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 18th Nov 1876

Undertaker, Hyn. Jenkins, Son

Place of Business, 15 Light St *Address*

C. B. Gantt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Gutmier,

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,* Female.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 353 Aliceana St.;

Cause of Death, First (Primary,) Morbus Brightii.

Second (Immediate,) Syncope.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 18th 1878

Undertaker, Wendel Bisse

Place of Business,

Dr. Geo. W. Linthicum M. D.
Medical Attendant.

Address 128 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13954

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Shanck

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Pine St

Cause of Death, {First (Primary,) Apoplexy (Paralysis)
Second (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Thomas Opie M. D.

Date of Burial, Nov 1876 Medical Attendant.

Undertaker, Jos. Keane *Address* 396 N Fayette St

Place of Business, 568 West Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13955 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar A. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 226 Pierce St.

Cause of Death, {First (Primary,) Scarlatina Maligna

{Second (Immediate,) " "

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 19/76.

Thomas Opie M. D.
Medical Attendant.

Undertaker, Jacob Germeroth

Place of Business, 244. Lexington Street *Address* 398 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Randle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Canada~~ New Jersey

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 176 Columbia av.

Cause of Death, {First (Primary,) Insanity / Second (Immediate,) Hanging

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 19th 1876

Undertaker, John S Thacher

Place of Business, Nos 150 Camden st

R. E. Lee M. D.

~~Medical Attendant~~ Coroner

Address N. W. cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13957

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Wetherill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,* Boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Raborgst 47.

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflamation bowels

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Cemetery~~ Loudon Park Cemetery

Date of Burial, Nov 18 1876

Geo. G. Brewer M. D.
Medical Attendant.

Undertaker, H W Chase

Place of Business, 193 W Howard st *Address* 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Rothe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ~~—~~ *Days.*

Color, white *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} № 5 Bevan Street

Cause of Death, First (Primary,) Hooping Cough (Tussis convulsiva)

Second (Immediate,) Basilar - Meningitis

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 14th

Undertaker, H Brice

Place of Business. Henrietta St 81

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Randolph Potter

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty two *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Corner of Caroline and Eager Sts

Cause of Death, First (Primary,) Chronic Cyolitis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six years -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery. I H Slaer M. D.

Date of Burial, Nov. 10th 1876 Medical Attendant.

Undertaker, Wm. H. Hickmore *Address* No. 16 th Liberty st

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13960 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ridout

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} Irish Am Street No 125

Cause of Death, First (Primary,) Hydrops Pericardii

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Street

Date of Burial, 19 Nov.

A. D. Chisholm M. D.
Medical Attendant.

Undertaker, L. Kimmel

Place of Business, 317 Mulberry St *Address* Cary & Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Leonard Bartholomeus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42. *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Bravaria

Duration of Residence in the City of Baltimore. 17

Place of Death, {Give street and number} 249. 17 George

Cause of Death, {First (Primary,) / Second (Immediate,)} Suicide by Laudanum

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, 19 Nov.

Undertaker, J. Summit

Place of Business, 311 Mulberry St

Louis C. Town M. D.
Medical Attendant.

Address 226. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dry Goods Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 26 E. Balto St. Balt. Md.

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,) 18 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Novem 19

John H. Conner M. D.
Medical Attendant.

Undertaker, M a Daiger

Place of Business, 4/4 S Broadway *Address* 286 E. Balt st. Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13963 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Warner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 4 Henry St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem

Date of Burial, Nov 19th 1876 Thornton Boots M. D.

Medical Attendant.

Undertaker, Julius Kaehler

Place of Business, Cor Sharp & Cross st. Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th, 1896.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ora Amelia Briggs.

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 3 *Years,* 11 *Months,* 7 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co., Md

Duration of Residence in the City of Baltimore, Except two months, lifetime.

Place of Death, { Give street and number. } 299 McDonough St.

Cause of Death, { First (Primary,) Cerebro Spinal meningitis
Second (Immediate.) Congestion of Lungs

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 18 4 Oclock

J. W. White M. D.
Medical Attendant.

{ *Undertaker,* George C. Rudenauer
{ *Place of Business,* 398 Union St. *Address* 324 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna A. Benjamin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* White 9 *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wife Virginia

Duration of Residence in the City of Baltimore, 2½ yrs

Place of Death, {Give street and number.} 12 Augusta St

Cause of Death, {First (Primary,) Morbus Brightii

Second (Immediate,) " "

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, November 20th 1876

{*Undertaker,* John H. Weaver

Place of Business, # 22 W. Fayette St "

Thomas Ohi M. D.
Medical Attendant.

Address 396 W. Fayette St.
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 601)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13966 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora M. Ridgaways

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Board of Health, City of Baltimore,

Permit No. 3967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Ann Dickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Lakes Court

Cause of Death, {First (Primary.) Child Birth
Second (Immediate.) Constipation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19th 1876

M. D.
Medical Attendant.

Undertaker, Wm H. Dunger

Place of Business, East St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr Johnson Medwife

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Woo Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Deft Asylum

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two months, perhaps life —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

C. F. Brown M. D.
Medical Attendant.

Address 241 Lindsay ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 Mc Culloh St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Mc Culloh St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 19

Undertaker, T F Bligh

Place of Business, 201 Penn ave

O. L. Williams *M. D.*
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Berringer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Massachusetts - Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 29 Lancaster St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, November 20th 1876

Undertaker, Henry Lundin

Place of Business, 28 Centre St

James E. Donnelly *M. D.*
Medical Attendant.

Address 297 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles County Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 201 Saws St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician

Place of Burial, St Mary Co Md

Date of Burial, Nov 19th 1876

Undertaker, H. Weidefeld

Place of Business,

Jno Buck Wilson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 602)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Gresham

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 22 *Years.* 4 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clifton Balto Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 15 Bailey st City

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ———

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 19 " 1876

Undertaker, William H. Dange

Place of Business, Nc 164 East St.

A. A. Gordon *M. D.*
Medical Attendant.

Address 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Joseph Miller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~~~ 2 *Years,* ~~~~ 10 *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} No 15 Forrest Str

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 19th

Undertaker, John Faulis

Place of Business, Frederick Road

J. G. Linthicum M. D.
Medical Attendant.

Address 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.} William Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 9 S Stricker St

Cause of Death, {First (Primary,) Inflammation of Auditory tube

Second (Immediate,) Extinction

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 19th 1876

Undertaker, Jno B Cook

Place of Business, No 707 W Baltimore Street

A H Burney *M. D.*
Medical Attendant.

Address 76 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13975

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judith Ely.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 — *Years,* 10 *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Guernsey (England)

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} N. East cor Gay & Exeter sts

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 or 12 days,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Reginald Buckler M. D.

Date of Burial, Sunday Nov 20th 96 Medical Attendant.

Undertaker, Thos L Haughey Address 135 Schroeder st

Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wesley Hardesty

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 412 Church St

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 15 Hills Court

Cause of Death, { First (Primary,) Pneumonia

{ Second (Immediate,) Con mata

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. E. D. Hopkins M. D.

Date of Burial, Nov. 19th 1876 Medical Attendant.

Undertaker, Wm. N. Dunges *Address* 187 Eutaw

Place of Business, 109 East [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} John T Bailey

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 31 *Years,* *Months,* *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} Forest Street

Cause of Death, First (Primary,) Pleumonia

Second (Immediate,) Pleurisy

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19 1876

Undertaker, Wm A Dorsey

Place of Business, c/o 104 East St

James A Pue *M. D.*
Medical Attendant.

Address 151 N. Eden St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver N Emery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fruit Processor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 58 E Camden Ave

Cause of Death, First (Primary,) ... Acute Softening of Brain

Second (Immediate,)

Duration of Last Sickness, Nine Days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, November 20

Undertaker, J B Cook

Place of Business, 707 West Balto

W P Maynadier M. D.
Medical Attendant.

Address 1 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13979 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th November 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Smudjerski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Lancaster street 99

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus at

Date of Burial, Nov 17th 1876.

William Henkel M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, W. S. Wolf & Co *Address* S. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13980 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Leonhardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* —— *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 N. Central Ave.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20th 76

Undertaker, Geo. Schilling

Place of Business, Engraver & Monument [illegible]

Jno F. Lowell M.D.
Medical Attendant

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Means

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Seventy three *Years,* Eight *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. Six years

Place of Death, {Give street and number.} #306 E Chase St

Cause of Death, {First (Primary.)} Acute Bronchitis

{Second (Immediate.)} Apnoea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

A Hartman *M. D.*
Medical Attendant.

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Harman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth} Anne Arundel Co, Md

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} Harman Bridge, Eighth District

Cause of Death, First (Primary,) Epilepsy, Debility and Paralysis of left Side

Second (Immediate,)

Duration of Last Sickness, Has been Epileptic for a long time

All the above information should be furnished by the Physician

Place of Burial, Anne Arundel County

Date of Burial, Nov 21st 1876

Undertaker, J R Cook

Place of Business, 1247 W Baltimore Street

John L. H. Bruce M. D.
Medical Attendant

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Anderson

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 88 Ramsay St

Cause of Death, First (Primary,) Cyst in Heart

Second (Immediate,) Congestion of Bowels

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 20th 1876

A. M. Cotton M. D.
Medical Attendant.

Undertaker, J. B. Good

Place of Business, 1707 W. Baltimore Street Address 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13984

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Caroline Jurgensen

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, — 24 — *Years,* — 6 — *Months,* — 9 — *Days.*

Color, — White —

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, One year & 3 Months

Place of Death, {Give street and number.} No 242 Eastern ave

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 20th/76

Undertaker, Henry Eschbach

Place of Business, 246 Eastern Av

Thomas D. Evans. M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 13985 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Hay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Three — *Years,* — One — *Months,* — — — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore County

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} No 309 Lombard St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 20th 1876

{*Undertaker,* William Fry

{*Place of Business,* Cor Fayette & Gooadway

Thomas J. Evans M. D.
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Beal Cockey Gore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hatter Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Corner Halliday & Fayette Sts.

Cause of Death, {First (Primary.) Typhoid Fever.
Second (Immediate,)} 4 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Freedom Carroll Co. Md.

Date of Burial, November 21st 1876

J. W. Houck, M. D.
Medical Attendant.

Undertaker, John St. Weaver

Place of Business, #22 W. Fayette St. *Address* 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Clarke

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 6 Hull st,

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Nov 22

Undertaker, M a Daly

Place of Business, 743 W[illegible]

J. G. Dallet M. D.
Medical Attendant.

Address 27 S. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13988

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Freeman

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} 166 Eastern ave.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 20th of November 1876

Undertaker, Francis Frame

Place of Business, 14 Canton Avenue

R. W. Mansfield M. D.
Medical Attendant.

Address 112 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 13989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Boy Hollingsworth Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 4 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} Morris St — No 7

Cause of Death, First (Primary.) Congenital Malformation

Second (Immediate,) Convulsions

Duration of Last Sickness, From time of birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1876

Undertaker, S W Chase

Place of Business, No 198 W Howard St

Hugh L. Roulston M. D.
Medical Attendant.

Address 242 E. Cary St
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Denby

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, Sixty *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,* Widow *or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 213 North Eutaw St.

Cause of Death, {First (Primary,) Primary Cancer of the Stomach,
Second (Immediate.) Peritoneal Inflammation

Duration of Last Sickness, Five Weeks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 20 1896

Undertaker, S H Chase

Place of Business, No 198 W Howard St *Address* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13777

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six *Years,* Ten *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Gould's Lane

Cause of Death, {First (Primary,) Dropsy / Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 20th 1876

{*Undertaker,* Fred. K. Troll.
{*Place of Business,* 90 South Howard st

Julius Hall, M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicia[illegible] respectfully P[illegible]ted to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A Hilbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* ——— *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet- maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 N Gilmore St.

Cause of Death, {First (Primary,) Consumption of lungs — Exhaustion

{Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, November 19th

Undertaker, Peter Kennedy

Place of Business, No 207 Fullers St

Address 137 N Fayette St

D Pettorani M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Nov: 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Tillie A. Bogue

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 Years, ——— Months, ——— Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 733 W. Fayette St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Grand. Dr Donaldson M. D.

Medical Attendant.

Date of Burial, 21st Nov 1876

Undertaker, Hyn. Jenkins Son *Address* 108 Park ave

Place of Business, 16 Light St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine O'Connell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Eastern Av

Cause of Death, First (Primary.) Scarlatina

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Nov 21st 1876

Undertaker, James P Byrne

Place of Business, No 63 S Front St

J Steuart M. D.
Medical Attendant.

Address 152 Wash St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, *Sex,* White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number.} No 3 Bloodgood Court

Cause of Death, First (Primary,) Cancer in Breast

Second (Immediate,)

Duration of Last Sickness, about 5 years Confined to bed 13 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 22d 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

First Entertine M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13996.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen McQuade

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 12 Low St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 12 Low St

Cause of Death, { First (Primary,) Diphtheria

Second (Immediate.) Strangulation

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 20th 1876

G. Lechmann M. D.

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St Address 68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13997

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 mo 19 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine M. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 15 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore her whole life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N° 3 Gennan St.

Cause of Death, {First (Primary,) Inflammation of Brain

Second (Immediate,) 14 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 21st 1876

Undertaker, J. B. Cook

Place of Business, N° 707 W Baltimore Street

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jessop.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 125 N. Fremont St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto, County

Date of Burial, Nov 22-1876

J. M. C. Cuddy M. D.
Medical Attendant.

Undertaker, Jos. Logan

Place of Business 568 West Balto St *Address* 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Sallie H. Murdoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth} No 15 S Bird St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 86 E Pratt Pratt

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) about 24 Hours

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bolton Hill

Date of Burial, Nov 22 11 a.m

Undertaker, Reid Sloan

Place of Business, 222 E. Balt St

L Ridgway Jr M. D.
Medical Attendant.

Address No 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14000

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington College Hospital

Duration of Residence in the City of Baltimore. life

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Capillary Bronchitis when received

Second (Immediate,) Collapse during

Duration of Last Sickness, entrance

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 21 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...UANS IS IG... ...the REMARKS BELOW, and to LIST of DISEASES ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anderson Warfield,

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City and his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 917 N. Baker St

Cause of Death, First (Primary,) Cancer of Stomach, Years

Second (Immediate,) declining for

Duration of Last Sickness, Confined to Bed for the Past 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral C.

Date of Burial, Aug 21 1876

Undertaker, D. B. Blackistone

Place of Business, 606 Balto St

John L. Frazier M. D.
Medical Attendant.

Address City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Comet — City of B...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. & Fanny Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 5 hours ~~Days.~~

Color, Colored

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 243 Orleans St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Nov 20th 1876

Undertaker, George Jones

Place of Business, Dallas St

M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o...

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Virginia Dougherty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Thirty Nine Years, Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 113 N. Broadway

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore cemetery — Wm H. Clendenen, M. D. Medical Attendant.

Date of Burial, Nov 22nd 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St — Address No 139 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ...

Board of Health, City of Baltimore,

Permit No. 14044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Margaret Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 333 Canton Ave

Cause of Death, {First (Primary,) ... Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 21 1876

M. D.

~~Medical Attendant.~~

{~~Undertaker~~, Margt Smith / *Place of Business,*} *Address* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Margaret Smith mother

REGISTER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence B. Council

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 10 — Months, 20 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 136 Druid Hill Ave.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Five days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 21st

{ *Undertaker,* J. H. Weaver

Place of Business, 1711 Druid Hill Ave

Allen P. Smith, per S.B., M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14110 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrin Rudolph

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate,) three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 21st Nov 1876

Geo H. Lyster M. D.
Medical Attendant.

{*Undertaker,* Henry N. Jenkins & Son *Address* #1 Waverley Terrace

{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Coffinger

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England — 40 yrs. in U. S.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number.} No. 52 Saratoga St.

Cause of Death, {First (Primary,) Typhoid Fever; Second (Immediate,) Exhaustion}

Duration of Last Sickness, About 2 wks.

All the above information should be furnished by the Physician

Place of Burial, Philadelphia Pa

Date of Burial, Nov 22nd 76

Undertaker, Jos I Rodenmayer

Place of Business, Cor Summit Lane & Monument St

Wm. J. Lockwood M. D.
Medical Attendant.

Address 56 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 604)

[OVER.]

The Special Attention of Phy[illegible] respectfully invited to the remarks [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry P. Lib-

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 30 yrs in U. S.

Duration of Residence in the City of Baltimore, 30 yrs 58 Park St

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Dropsy (~~Cardiac~~) (Cirrhotic)

Second (Immediate.) Exhaustion

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loud. Home

Date of Burial, Dec 2d

Oscar J. Cookery M. D.
Medical Attendant.

Undertaker, Conrad, Reptski

Place of Business, 66 Park St. *Address* 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eppler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, fifty two *Years,* Eight *Months.* Two *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 or 27 Years

Place of Death, {Give street and number.} 71 S. Sharp St

Cause of Death, First (Primary,) Ulceration of the bowels.

Second (Immediate,) General Prostration

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, Nov 22nd 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, T. N. Trott

Place of Business, 90 S. Howard St *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 14010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} [illegible]

Cause of Death, {First (Primary,) / Second (Immediate,)} [illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Nov 23 1876

Undertaker, Chas. T. Scriven

Place of Business, 27 N Eutaw st

Address [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hildenfeldt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* four *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 8 Bank St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 8 Bank St

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 Nov 6

Wm H Gilfundafer *M. D.*
Medical Attendant.

Undertaker, Wm H. Hoffman

Place of Business, 26 Bank St *Address* No 8 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 14012 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luther G. Price Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No 336 W. Pratt St 13 C

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate.)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 23d 1876

Lemuel W. Wood M. D.
Medical Attendant.

Undertaker, John S Thacher,

Place of Business, No 150 Camden Address No 28 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 14013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Reuben T. Brown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Huckster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. } 101 N. Poppleton St.

Cause of Death, { First (Primary,) Congestion of Lungs
Second (Immediate,) 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 21st

J. H. C. Cuddy *M. D.*
Medical Attendant.

{ *Undertaker,* J. H. Chalmers *Address* 363 Franklin St.
{ *Place of Business,* 262 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bradford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 35 Granville Court St.

Cause of Death, {First (Primary,) ……} {Second (Immediate,) Consumption}

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1876

Undertaker, William A. Lange

Place of Business, Inc 104 East Pleas.

D. G. Miller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kunsh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Castle St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 22 1876

Undertaker, John Brown

Place of Business, Wolf St

Address .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 14016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Barbara Keyler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and number.} 9 Chesapeake st.

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate.)

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, November 22th 1876

{*Undertaker,* H. M. Gilmeijer

{*Place of Business,* 349 Canton Ave

C. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hellen M. Chanlen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Falls City Jeffe

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Mulberry St

Cause of Death, {First (Primary.) Second (Immediate.)} Organic Disease of Heart

Duration of Last Sickness, 9 month

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Nov 21 "1876

{*Undertaker,* H. W. Jenkins
Place of Business, Light St

Geo. W. Larsen *M. D.*
Medical Attendant.

Address 414 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 14018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hancke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, White *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No 22 Ballas St.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina Malignant.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22

Undertaker, Wm H. Hoofman

Place of Business, 26 Bank St *Address* 207 S. Broadway

Richard L. Durkin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last of Diseases.

Board of Health, City of Baltimore,

Permit No. 14019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hurd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 250 O'Donnell St

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 23 /76

Undertaker, Wm Fry

Place of Business, 54 N Broadway

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y ▲ F I

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Snyder S. Greenwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, Five days

Place of Death, {Give street and number.} # 295 N. Dallas St.

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, 22 d November

Undertaker, Adam Fink

Place of Business, 161 North Gay.

L. N. Grimes M. D.

Medical Attendant.

Address # 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 25 Fremont Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, Nov 22

Undertaker, J B Cook

Place of Business, 707 West Baltimore

D. J. Sullivan M. D.
Medical Attendant.

Address 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 14922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Lelohn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* —— *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Mexico

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and number.} 56 Edmondson ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 22nd 1876

J. H. Litzenberg M. D.
Medical Attendant.

Undertaker, Mrs Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Welcome

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, First (Primary,) Paraplegia

Second (Immediate,) asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick M.D. J. A Ashby M. D.

Date of Burial, Nov 22 Medical Attendant.

Undertaker, G H Blizzard *Address* Univ. Hospital.

Place of Business, 201 Lin ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leinhard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 103 E. Madison

Cause of Death, {First (Primary.) Pulmonary Consumption / Second (Immediate.)}

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 23d

Abram B Arnold M.D.
Medical Attendant.

Undertaker, H A Dager

Place of Business, 44 S Broadway

Address 35 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phys[illegible]ns is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 14025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Gistelow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 Eutaw

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Scarlatina Diphtheria

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 23d

Undertaker, M A Daiger

Place of Business, 94 S Bond

G. L. Wilkins M. D.
Medical Attendant.

Address 114 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of [illegible]

Board of Health, City of Baltimore,

Permit No. 14026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc. Nulty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kilkenny Co Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 62 S. Canye Street

Cause of Death, First (Primary,) ..... Phthisis

Second (Immediate,) .....

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery.

Date of Burial, Nov 22nd 1876

Undertaker, [illegible]

Place of Business, 317 Mulberry St

T. V Spellman *M. D.*

Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Damas Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 3 Parrish St.

Cause of Death, {First (Primary,) Valvular Disease & Hypertrophy of Heart

Second (Immediate,)

Duration of Last Sickness, Death instant

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove Co

Date of Burial, Nov 22nd 1876

{*Undertaker,* William N. Langer

Place of Business, 1W 184 East St *Address* 558 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Nov 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Carter

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* / *Months,* 16 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 135 Fulton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 135 Fulton St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Uraemia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Ellicott

Date of Burial, Nov. 22nd 1876

M. D.
Medical Attendant.

Undertaker, William N. Lange

Place of Business, 16-114 East St

Address 514 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1896.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin F. Davis Green

Sex, Male or Female, { Cross out the word not required in this line. } M.

Age, — *Years,* 16 *Months,* *Days.*

Color, Col *Sex,* M.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and number. } 28 Sterling

Cause of Death, { First (Primary,) Anaemia

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 23d

A. F. Reynolds M. D.
Medical Attendant.

Undertaker, Geo Shilling

Place of Business, Cor Monument & Aisquith sts

Address 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 14030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Aultaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 17 E. Eager St

Cause of Death, {First (Primary,) Asthma

Second (Immediate,) 2 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 23rd 1876

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

Silas H. Hunter M. D.
Medical Attendant.

Address 111 Guilford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 193 West St

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,) 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible] St

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] St

E. Michaux M. D.
Medical Attendant.

Address 68 Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14132

The Physician who attended any person in a fast illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 August 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anastasia Burke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, ~~W~~ Col

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} German St Balto no 41.

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, Aug 23

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St

J Whitman M. D.
Medical Attendant.

Address 25 Franklin Walk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14033

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Hamilton Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 King Street

Cause of Death, {First (Primary,) Thrush

{Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23rd 1876

Undertaker, John C. Jordan

Place of Business, Park ave

Address Commrs of Health & Registrar

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Mary Williams Mother

[over]

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

Permit No. 14134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Isabella Thomas.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Caroline & 103.

Cause of Death, First (Primary,) Bronchial & Catarrh.

Second (Immediate,) & Pneumonia.

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22nd 1876

Undertaker, John W. Locke

Place of Business, 17 S. Wolfe St

John A Schmidt M. D.
Medical Attendant.

Address N. E. Cor. Caroline & Thames St.
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 14035 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. G. Bond,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Proprietor of Charleston House, Pratt St,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 74 N. Pratt St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cem.

Date of Burial, Nov 23d 1876

Undertaker, Jas P Byrne

Place of Business, 63 Front st

R. J. N. Tall M.D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death; Nov 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry E. Cousins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 22 *Days.*

Color, White *Sex,* male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months 22 days 5

Place of Death, {Give street and number.} 63 Fourrich St.

Cause of Death, First (Primary,) Chr Bronchitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, 23d November

Undertaker, Henry W Mears

Place of Business, 45 North Gay St *Address* 134 N High St City

E. C. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the...

Board of Health, City of Baltimore,

Permit No. 11037 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane F Webb

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} F

Age, 62 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 W Madison St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral County

Date of Burial, 23d Nov 1876

Richard McSherry M. D.
Medical Attendant.

Undertaker, H J H Jenkins & Son

Place of Business, 16 Light St *Address* 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Oefferoth

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age, 75 *Years,* 3 *Months,* 21 *Days.*

Color, *Sex,* male

~~*Married,* *Single,* *Widow* or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Labrer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 62 Block St

Cause of Death, {First (Primary,) Organic disease of heart (insufficiency of valves mitral.)
Second (Immediate.) Paralysis cerebi.

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 23th of Nov

Undertaker, William Nicolaus

Place of Business, 258 Alice Anne St *Address* 139 N Fayette

L Sturrard 3 M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23d 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey Edgar Plummer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co. Maryland

Duration of Residence in the City of Baltimore, 4 years —

Place of Death, {Give street and number.} 394 W. Fayette St.

Cause of Death, First (Primary,) Phlegmonous Erysipelas

Second (Immediate,) " "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Caroline Co Md Thomas Opie M. D.

Date of Burial, Nov 24 Medical Attendant.

Undertaker, I B Cook

Place of Business, 707 West Baltimore *Address* 396 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 605

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 140140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milky Gover & Wm Cottman Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Illegitimate

Age, — *Years,* — *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Vincent alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Infantile Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemty

Date of Burial, Nov 22 1876

M. D.

~~Medical Attendant.~~

Undertaker, H. H. C. Perry

Place of Business, 448 W. Pratt St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information see attached paper of Dr. I. T. Kelly

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 14 1141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Solomon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 103 Leadenhall St

Cause of Death, {First (Primary.) Scarlatina

Second (Immediate.) 14 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 23d 1876

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Eagle Sts *Address* 17 Warren Av

H Bobb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...he cause and date of death, except in cases of births and deaths of illegitimate children.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22 one 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Boon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line} Widow

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} No 142 Hill St,

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Believed to be, Paralysis of the Brain

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Mount Comfort

Date of Burial, Nov 23, 76

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

R. C. Lee M. D.
Orderly Attendant.
Coroner S. D.
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 141143 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 4 *Years,* *Months,* *Days.*

Color, ~~e~~ d *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 9 Bruce St.

Cause of Death, {First (Primary,) Bright's Disease; Second (Immediate,) Jenral Anasarca

Duration of Last Sickness, Four Month

All the above information should be furnished by the Physician.

Place of Burial, Shot Sharp Cemetary

Date of Burial, Nov 23 1876

Undertaker, William Bunge

Place of Business, No 104 East Street *Address* 558 W. Fayette St

John Duff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 140414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Michael. Nash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Bar. Keeper,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 81. S. Broadway.

Cause of Death, {First (Primary,) Consumption. / Second (Immediate,) Pneumonia.

Duration of Last Sickness, One. week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 24th

Undertaker, M A Daiger

Place of Business, 44 S Broadway

A. L. Clarke - M.D.
Medical Attendant.

Address 237. Gough. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 14045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23/1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Black

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 3 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Second Str.

Cause of Death, {First (Primary,) Scarlatina maligna

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 23-76

Undertaker, John T Rodriguez

Place of Business, N E cor Summit and Pennsylvania Ave

I. Strandorhn M.D.
Medical Attendant.

Address 264 N. Caroline Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 14046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ November 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 2 yrs 4 mos

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, November 23d 1876

Undertaker, H M. Gibmeyer

Place of Business, 311 Canton Av.

T. A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 14047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline De Groft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 10 E Bennett Pl

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, November 24th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

[illegible] M. D.

Medical Attendant.

Address 2 Hill Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians to [illegible]

Board of Health, City of Baltimore,

Permit No. 144848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane German

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 314 Forest St

Cause of Death, First (Primary,) Remitting Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Balt Co

Date of Burial, 24 Nov 10 Oclock

Undertaker, George C Ludemann

Place of Business, 98 Eason St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 N. Wolfe st.

Cause of Death, {First (Primary,) Premature Birth; cause: heavy fall about week previous. age: between 7 & 8 month,
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 24 1876

Undertaker, James P Byrne

Place of Business, No 63 & 11 Front St

L. S. Kluber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited [illegible]

Board of Health, City of Baltimore,

Permit No. 14057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mira Sinclair

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 174 Dolphin St.

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, about ten days - Came to me Sunday last about 4 P.M. two days before death - then nearly in articulo mortis

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 24th 1876

Alfred Hughes — M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penna Ave *Address* 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22d Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ulrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto — 2 mos old

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 Johnson St.

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis
Second (Immediate,) Convulsions & ~~exhaustion~~

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 24 th

Undertaker, 6 Stath Hausen

Place of Business, 345 Light Ste

H. P. Wood M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos McGinnis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 235 Wolf St.

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 25th 1876

{*Undertaker,* Wright Bro
{*Place of Business,* 65 S. Broadway

Saml S Powell M. D.
Medical Attendant.

Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

Permit No. 11053 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sparhawk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 S. Schroeder St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 S. Schroeder St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wyburn Cemetery F. V. Benson, M. D.

Date of Burial, Novemb 25 Medical Attendant.

Undertaker, J B Cook

Place of Business, 709 W Baltimore St *Address* 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 141524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 76. 6½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jasmell (Jazzy 88)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Suffolk Va

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 149 Pine St

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate.)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24, 76

Undertaker, H. M. Shaw

Place of Business, 181 Thames cor Ann St

H. M. Eastman *M. D.*
Medical Attendant.

Address 149 Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 14053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edwd Thompson

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, his whole

Place of Death, {Give street and number} Caroline bet 5th St.

Cause of Death, First (Primary.) Diphtheria

Second (Immediate.)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, Nov 24th 1876

Undertaker, Jos F Byrne

Place of Business, 57 n Liberty St

C O'Donovan M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14156

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 11 days

Place of Death, {Give street and number.} St. Vincent's Infant asylum

Cause of Death, First (Primary,) Chronic Tuberculous Meningitis, Hydrocephal

Second (Immediate,) Spasm

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, 25 Nov 1876

Undertaker, Saml Bowser

Place of Business 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 14057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Healey Rhoads

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 131 S. Castle St.

Cause of Death, First (Primary.) Convulsions

Second (Immediate.)

Duration of Last Sickness, Do not know

All the above information should be furnished by the Physician.

Place of Burial, Ellicotts Lot

Date of Burial, November 25th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 361 Canton Av.

James E. [illegible] M. D.
Medical Attendant.

Address 821 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 607

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS [illegible]

Board of Health, City of Baltimore,

Permit No. 14058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Quill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 17 years

Place of Death, {Give street and number.} 32 S. Wolf St.

Cause of Death, First (Primary,) Rupture of Uterus

Second (Immediate,)

Duration of Last Sickness, 14 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 25th 1878

C. Edward Mitte, *M. D.*
Medical Attendant.

Undertaker, John Brown

Place of Business, 17 S. Wolf.

Address 1 S. Broadway Bloc Dr. Gail, Balto. & Gilt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

Permit No. 14059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov. 3rd 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah Coulter

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Some years

Place of Death, {Give street and number.} Church Home & Infirmary, N. Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 25

Undertaker, C W Biggins

Place of Business, 201 Fenwick Address Church Home Infy N. Broadway

F. O'Hara M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 November 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Stockton Street.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Coma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, Nov 25

Undertaker, C. H. Blizzard

Place of Business, 201 Pen ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 14061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Treyare

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months.* *Days.*

Color, White. *Sex,* Male

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} Cor Franklin & Fulton

Cause of Death, {First (Primary,) Inflam. of Bladder
Second (Immediate,) Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 25th 1876

Undertaker, John L Thacher

Place of Business, No 157 Camden

J. R. Cahler M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred: W. Alexander

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 39 Years 4 — Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.

Occupation, Attorney at Law

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and number. } 272 W. Lexington St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov. 27 1876

Undertaker, W. W. Jenkins Son

Place of Business, 16 Light St. *Address*

J. Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians to Comp...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th November 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Anne R Hall.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No particular business.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. removed to E Shore.

Duration of Residence in the City of Baltimore, About Four years.

Place of Death, {Give street and number.} 271. N Central Avenue. Balto.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, About Two years.

All the above information should be furnished by the Physician.

Place of Burial, Denton Caroline Co. Md

Date of Burial, Nov 29th 76

Wm E Van Bibber M. D.
Medical Attendant.

Undertaker, Eco Schilling

Place of Business, City with Monument &c Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Harriet 608

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Salina Steadman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 112 Mosher St.

Cause of Death, {First (Primary.) Marasmus / Second (Immediate,) Paralysis

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Nov 25th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Hammond T Foy M.D.
Medical Attendant.

Address 190 Penn Ave

1114 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan A. Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Warren Co. North Carolina

Duration of Residence in the City of Baltimore. 2 years

Place of Death, {Give street and number.} 261 S. Eutaw St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Albuminuria

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26th 1876

{*Undertaker,* W. M. Chase / *Place of Business,* 61 & 63 Hanover St.}

A. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Burgess

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 53 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, About ten years

Place of Death, {Give street and number.} 56 Sarah Ann St

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25 1876

Undertaker, I H K Chase

Place of Business, No 198 Howard St

Elias C Price & Son M. D.
Medical Attendant.

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane Tilley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Chesters St

Cause of Death, {First (Primary,) Intemperance / Second (Immediate,)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 24 1876

Undertaker, Chas. Shelper

Place of Business, E Balt St

M. D.

~~Medical Attendant.~~

Address Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Officer Mills

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY [illegible]

Board of Health, City of Baltimore,

Permit No. 14068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1876

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named give names of parents.} Carrie H. Schumacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-3 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word is not required in this line.}

Occupation, Student - Kidpin

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Maryland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 69 E. Lexington St

Cause of Death, {First (Primary,) Cerebritis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 26th 1876

C. W. Nicholas, M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address* 121 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 14469

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Worthington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. Four Years

Place of Death, {Give street and number.} 284 W. Fayette St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate.) " " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 26

Thomas A Pic M. D.
Medical Attendant.

Undertaker, C W Blizzard

Place of Business, 201 Pennsylvania Ave *Address* 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

Permit No. 14170

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elgie Selby

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, Years, Months, 22 days. Days.

Color, White *Sex,* Female.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Infant.

Occupation, Nothing.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, 8 Weeks.

Place of Death, { Give street and number. } 163 N. Loudon St.

Cause of Death, { First (Primary,) Erysipelas

Second (Immediate,) Convulsions.

Duration of Last Sickness, 48 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls burying

Date of Burial, Nov 26th 1876. J H Rhodes, M. D.

Medical Attendant.

Undertaker, Isaac.

Place of Business, 468 N Baltimore. Address 163 N. Loudon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

⊙ [OVER.

...the Special Attention of Physicians is respectfully...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Bairhorn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Fort Ave

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Parotiditis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Wm Tickner undertaker

Undertaker, Wm J. Tickner

Place of Business, South Eutaw St

DR. J. H. SMITH. NOV 24 1876 BALTIMORE

M. D.
Medical Attendant.

Address 108 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Jacob

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 1 *Months,* 11 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number.} 1625 Mund Home

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 26th Nov 1876

Undertaker, Hy N. Jenkins & Son

Place of Business, 15 Light St

Geo H. Taylor M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14073.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Donnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life Since

Place of Death, {Give street and number.} No. 66, E. Baltimore St.

Cause of Death, {First (Primary,) Burned

Second (Immediate,)

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 26th 1876

{*Undertaker,* John Brown
Place of Business, 77 S. Howard

M. D.
Medical Attendant.

Address 2 [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hollie Kelley

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 7 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 26 Lemon St.

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Nov 26th 1876

{*Undertaker,* I B Cook

Place of Business, No 707 W Baltimore Street

D. G. Laitinaire M. D.

Medical Attendant.

Address # 684 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mutschen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 144 O. St. W.

Cause of Death, {First (Primary,) senile decay / Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, November 27th 1876

Undertaker, H. M. Gotwerger

Place of Business, 344 Canton Ave.

James S. McShane M. D.
Medical Attendant.

Address 680 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physician...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Tobin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 56 Edmondson Ave

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 26th 1876

J. Chisholm M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 476 Druid Hill Ave Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Hatter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - in Orlan

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 48 Pa Ave

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, about Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Alfred Hughes, M. D.

Date of Burial, November 27th 1876 Medical Attendant.

{*Undertaker,* Jacob Weaver
{*Place of Business,* Nos 476 Druid Hill Ave *Address* 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians

Board of Health, City of Baltimore,

Permit No. 14078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 26 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Catherine Dalheimer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 235 Eager

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cb.

Date of Burial, December 28, 96

Undertaker, Henry Hoeck

Place of Business, 319 Central Ave

Address

Chas B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. 3-10-19-

Place of Death, {Give street and number.} 60 Walnut Alley

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Nov 27th 1876

R. Winslow M. D.
Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 11 & David Hill Ave *Address* 234 Mad Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 14080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. E. Kugel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York, Pa

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} No 2 Chatsworth st

Cause of Death, {First (Primary,)

{Second (Immediate,) Cerebro Spinal

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, York P. A.

Date of Burial, Nov 27th 1876

C. D. Count M. D.
Medical Attendant.

{*Undertaker,* Chas T Scriven

{*Place of Business,* 211 N Eutaw st *Address* Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physician

Board of Health, City of Baltimore,

Permit No. 14981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Booth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 172 N. Front St.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 172 N Front St.

Cause of Death, First (Primary,) Fracture of Cranium

Second (Immediate,) Meningitis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic cemetery Edward McDevitt M. D.

Date of Burial, Nov 25 2 Oclock PM Medical Attendant.

Undertaker, Berg & Rodeman *Address*

Place of Business, 38 Union St 187 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 14082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 26

Date of Death, Nov. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Mason.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 34 *Years,* — *Months,* — *Days.*

Color, Mulatto. *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washer Woman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co Md.

Duration of Residence in the City of Baltimore. 5 Year.

Place of Death, {Give street and number.} 4 Parish alley.

Cause of Death, {First (Primary,) Neuralgia of Heart

{Second (Immediate,) Convulsions

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26. 1876

{*Undertaker,* John C Gada

{*Place of Business,* 63 Park Ave

C. W. Stone's M. D.

Medical Attendant.

Address Co. Sticken & Pasteur.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 14083 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph. E. Sexton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 543 Lexington St

Cause of Death, First (Primary,) Bronchi. Capil. Bronchitis

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

...ace of Burial, Cathedral Cemetery

...e of Burial, Nov 27th 1876

...ndertaker, Joseph F Byrne

(Place of Business, 59 n Liberty

A A Sexton M. D.
Medical Attendant.

543 Lexington
Address

Asst. H. M. Wilson M.D
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Sobecheski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stoker

Birthplace, {State or country (and how long in the United States, if of foreign birth} Poland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, St Peters

Date of Burial, Nov 27 th 1876

Edwd F. Michael M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Robert Duncan Baldwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 61 Druid Hill Ave

Cause of Death, {First (Primary,) Scarlatina Malig

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov 27th 1876

Jno. W. Wilson M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 1113 W Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen F Phelps

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nature life

Place of Death, {Give street and number.} 153 N. Paca st

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Suffocation

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 27th 1876

Undertaker, Wm. H. Hickman

Place of Business, 2306 E. Gay St. *Address*

J. Dunbar, M. D.
Medical Attendant

69 William st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Steward

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo-

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 223. Hill St.

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate,) Disease of Heart

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1876

Undertaker, J. M. Chase

Place of Business, No 198 Howard

R. M. Hall *M. D.*

Medical Attendant.

Address 266 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 14088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 29 yrs.

Duration of Residence in the City of Baltimore, 29 yrs.

Place of Death, {Give street and number.} No 28 Fells St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, abt. 8 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 November 1876

Undertaker, John C. Stuck

Place of Business, 265 Alleghany

Geo. L. Kummerman M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Spec[illegible] of Physicians is respectfully invited to [illegible]

Board of Health, City of Baltimore,

Permit No. 14089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A Fisher

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 327 Myrtle Avenue

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 27 2 o'clock P.M.

Undertaker, George C R Lemmay

Place of Business, 38 Eutaw St

I A. Butler M. D.
Medical Attendant.

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14090 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara C. Reutz

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* ——— *Days.*

Color, ———

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany - 46 yrs -

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 120 Burgundy alley

Cause of Death, {First (Primary,) old Age

{Second (Immediate,) Gen Debility -

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 28th 1876

Undertaker, N. Miller

Place of Business, 86 N. Paca St

M. D.
Medical Attendant.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Nicholas Miller 86 N. Paca St

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 14091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Unknown~~ Gr. B. Happoldt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~Unknown~~ Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth)} ~~Unknown~~ S. Carolina

Duration of Residence in the City of Baltimore. ~~Unknown~~ about 18 Months

Place of Death, {Give street and number} in the Basin at the foot of Barre St,

Cause of Death, {First (Primary,) Unknown; Second (Immediate,) Drowned}

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W Potter Cemetery

Date of Burial, Nov 25th

Undertaker, H H & Perry

Place of Business, 448 W Pratt

R. C. Lee M. D.

~~Medical Attendant~~ Corner S. D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Louisa Bolton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 10 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 157 Dolphin St

Cause of Death, First (Primary,) Psoas Abcess

Second (Immediate,) Convulsions

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 26th 76

Jos. Leyden Mastin M. D.
Medical Attendant.

Undertaker, Wm E Wright

Place of Business, Wm E Wright *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14093 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E Eckert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York City

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 37 N Schroeder St

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,) Exhaustion, due to advanced age,}

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 28

Undertaker, W B Cook

Place of Business, 507 West Baltimore

W L Keyser M. D.
Medical Attendant.

Address 17 N Carlton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 140 94

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 a. m. 26th November 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cooper

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, about 44 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Family Work

Birthplace, { State or country (and how long in the United States, if of foreign birth. } On Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number. } 192 Tyson St - Balto. City

Cause of Death, { First (Primary,) Dropsy - General
Second (Immediate,) " "

Duration of Last Sickness, about two months as reported to me

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 27th 1876

Undertaker, Wm James Gray

Place of Business, 63 Mulberry St

Wm S. Smith M. D.
Only for the last week — Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. .....

Place of Death, {Give street and number.} No 17 Harford Avenue,

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,) four days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, St. Vincents

Date of Burial, Nov 27 1876

Undertaker, John C. Ford

Place of Business, 63 Park Ave

Wilmer Brinton M. D.
Medical Attendant.

Address # 20½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and , except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Nov.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Colvin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, fifty six *Years,* Two *Months,* fifteen *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} Corner of Hanover & Lombard St.

Cause of Death, First (Primary,) Cancer (Epithelioma) from the gumme of the lower jaw.

Second (Immediate,) Cachexia.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Wednesday Nov 29

Undertaker, Godey & Poe

Place of Business, 41 Baltimore St

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysician is Responsible...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Novbr 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Rispl Engen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 26 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 90 Mc Kim Street

Cause of Death, { First (Primary,) Pulmonar Emphysema
Second (Immediate.) Pleuro Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Ch

Date of Burial, November 28 1876

Undertaker, Henry Hoeke

Place of Business, 30 & 34 Central Av *Address*

[illegible] M. D.
Medical Attendant.

29 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14198. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Sinclair

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* eight *Months,* 1 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 174 Dolphin St

Duration of Residence in the City of Baltimore, a life

Place of Death, {Give street and number.} 174 Dolphin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Dr Opthalmia Cong

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 27 1876 Alfred Hughes, M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Barnum's Ave *Address* 234 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5-h 30m A.M. 22th November, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant not named of Jno. S. Reed & Emma R. Reed

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, ____ Years, ____ Months, 17 Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 19 days

Place of Death, { Give street and number. } 144 Townsend St

Cause of Death, { First (Primary,) ____ Second (Immediate,) not known

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, Nov 27th 1876

Undertaker, Chas. Scriven

Place of Business, 211 N. Eutaw St

Wm. J. Smith M.D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Vickers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, — 39 — *Years,* —— *Months,* — 26 — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} — Married —

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 196 Penn St

Cause of Death, {First (Primary,) Cancer of the Uterus.

{Second (immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, November 28th 1876

Undertaker, Henry Trachlich

Place of Business, 246 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lee Kinsell

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Connecticut

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 431 Madison Ave

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *by* Thomas Shearer *M. D.*

Medical Attendant.

Date of Burial, Nov 28th 1876

Undertaker, Jacob Weaver

Place of Business, No 406 Druid Hill Avenue *Address* 97 E Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ella Wheeler

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 12 *Months,* 27 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 162 N. Dallas Street

Cause of Death, {First (Primary.) Clonic Convulsions / Second (Immediate.) Coma}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Balt. Cem.

Date of Burial, Nov 28 1876

Undertaker, Wm Fox,

Place of Business, 54 N Broadway

E. I. Kluber *M. D.*
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ann Dimpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge. Maryland

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} 89 N Durham st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27th 1876

Undertaker, Wm N. Dunger

Place of Business, h.c. 104 East St.

D Webster Cathell M. D.
Medical Attendant.

Address 1½ S Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winckel Houck

~~*Sex, Male or Female;*~~ {Cross out the word not required in this line.}

Age, *Years,* 45 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 265 Preston

Cause of Death, {First (Primary,) a. Intemperance

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Cemetery

Date of Burial, November 28th

{*Undertaker,* Jno Schilling

Place of Business, 72 Penna

H Darling *M. D.*

Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Dickson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 25 ¾ *Years,* ? *Months,* ? *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ?

Duration of Residence in the City of Baltimore. ?

Place of Death, {Give street and number.} 1 Waters Ct

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthma

Duration of Last Sickness, About Eleven months

All the above information should be furnished by the Physician.

Place of Burial, N. P. Cemetery

Date of Burial, Nov 27 1876

Undertaker, H. H. C. Perry

Place of Business, 418 N. Pratt St

A. McDonald M. D.
Disp. Phys ~~Medical Attendant.~~

Address University Dispy
Gran & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Mc Intosh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 71 Barnes St

Cause of Death, {First (Primary,) Penetrating wound of abdomen

{Second (Immediate,) Peritonitis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Edwd R Walker M. D.

Date of Burial, Nov. 28th 1876 ~~Medical Attendant~~

Undertaker, Wm. H Eichman *Address* Corner N P. D

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Buchstaun,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 155. E. Lombard st.

Cause of Death, First (Primary,) Teething difficult.

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov. 28/96

Undertaker, Chas Koenig

Place of Business, 136. E. Fayette

L C Wuttenuk M. D.
Medical Attendant.

Address 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Jerome Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 2 *Months,* 15 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 315. Eastern Ave. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 354. Eastern Ave. Baltimore

Cause of Death, First (Primary,) Scarlet

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 29th 1876

Undertaker, H. Eschlich

Place of Business, 246 Eastern Av

D. T. Lashon **M. D.**

Medical Attendant.

Address No 354 East. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th. November 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schneider

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 23. *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Windelbach, Bavary, Germany

Duration of Residence in the City of Baltimore. 24 years

Place of Death, {Give street and number.} Canton Avenue 482.

Cause of Death, First (Primary.) Pericarditis rheumatica

Second (Immediate,) Hydropericardium

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Emanuel Cemetery

Date of Burial, Novemb 29th 1876

Undertaker, H. C. Froelich

Place of Business, 246 Eastern Av

William Hamel M. D.

Medical Attendant.

Address S. Wolfe & 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Haas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Two — *Years,* — 2 — *Months,* — — — — — — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 398 Eastern Ave & Choptank St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, — Four days —

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 29th 1876

{*Undertaker,* Henry Eschlich

{*Place of Business,* 246 Eastern Av

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie R. Zyler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 106 Dolphin St

Cause of Death, { First (Primary,) Scarlet fever / Second (Immediate,) Metastasis to brain

Duration of Last Sickness, Don't know - Came to me second Sund - Dau Tue but not - was then in articulo mortis

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

A. J. Atkinson M. D.

Medical Attendant.

Address 234 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eloise Baker Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 McCulloh st Balto,

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 62 McCulloh st

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 28

Undertaker, C. H. Bloxsom

Place of Business, 201 Madison Ave

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14113 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Diffenderffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* two *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 408 Baltimore St

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 408 Baltimore St

Cause of Death, First (Primary,) Congenital malformation

Second (Immediate,) Imperfect dentition

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 28th 1876

Dr H Diffenderffer *M. D.*
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 1 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditions (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ard of Health, City of Baltimore.

Permit No. 14164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McNally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number.} S. E Cor Lee & Charles

Cause of Death, First (Primary,) Hemorrhage from Stomach

Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician

Place of Burial, Cath Cem Lot

Date of Burial, Nov 28th 1876

Undertaker, Jos H Byrne

Place of Business, 319 N Liberty St

P. H Welbrup M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14115 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} John E. McFaul

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~103 S. Bond St.~~ Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 103 S. Bond St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Scarletina

Duration of Last Sickness, Fifteen days.

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial, 29 N.C.

Undertaker,

Place of Business,

A. H. Enoch *M. D.*
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Virginia Hooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 12 *Days.*

Color, Colored. *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} N. McDonough St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28th 1876

Undertaker, Wm. H. Dunn

Place of Business, No 104 East St.

Walter R Way M. D.
Medical Attendant.

Address 32 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 14117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob & Catherine Ochs (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 Union St

Cause of Death, {First (Primary,) ... Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 29 1876

Undertaker, Conrad Kunkel

Place of Business, 60 Park Ave

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Teresa Engelberger Midwife

[OVER.]

PHYSICIAN IS RESPECTFULLY [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 October 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} M. Jos. Mehling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* , *Months,* , *Days.*

Color, white.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. ab. 20 years

Place of Death, {Give street and number.} Corn. Hoof. and S. Lisquith.

Cause of Death, First (Primary,) Phthisis.
Second (Immediate,)

Duration of Last Sickness, ab. 1 Year

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, November 30, 1876

Undertaker, Henry Hofer

Place of Business, 309 Central Av

Baltimore *M. D.*
Medical Attendant.

Address 57 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No., 14109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bos.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty one *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plumber.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 139 S. Bond St.

Cause of Death, First (Primary,) Paralysis,

Second (Immediate,)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Mon 30th 1876

Nicholas Le. Dashiell, M. D.
Medical Attendant.

Undertaker, Heaughs & Lee

Place of Business, 65-S Broadway *Address* 207 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 9 Little Broadway

Cause of Death, First (Primary,) Moribund

Second (Immediate,) I suppose ~~apo~~ exposure to Cold

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem John H Conner M. D.

Date of Burial, Nov 29th 1876 Medical Attendant.

Undertaker, A Kirker

Place of Business, 224 E Saratoga *Address* 286 E Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schnepp.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 15, *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 236 Hollins St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Poisoned, Accidentally

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 29 1876

Chas Ogle Coroner *M. D.*
Medical Attendant.

{*Undertaker,* J. B. Cook / *Place of Business,* Balto St} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schupp.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13, *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 236 Hollins st

Cause of Death, {First (Primary,) / Second (Immediate,)} Poisoned accidentally

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 27th 1876

Undertaker, I B Cook

Place of Business,

Geo C Ogle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate J. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1142 Chapel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, November 29th 1886

Undertaker, H Frechlich

Place of Business, 246 Eastern Av

Dr. Glaser M. D.
Medical Attendant.

Address 7 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Unruh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} William St nr 21st City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Home 357 Carlton Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th 1896

Undertaker, Andrew Lutz

Place of Business, 518 Druid Hill Ave

H. P. Howard M. D.
Medical Attendant.

Address Con Physician
Carey & Mulberry Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l P. Hunt

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Mer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto,

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} 152 Pratt St.

Cause of Death, {First (Primary,) Second (Immediate,)} Cirrhosis of the Liver

Duration of Last Sickness, 6 mos,

All the above information should be furnished by the Physician.

Place of Burial, In E. P. G. Enid Road

Date of Burial, Nov 29/76

Undertaker, Unsell

Place of Business, 224 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Morasicc

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~ 55 ~ *Years,* ~~~ *Months,* ~~~~ *Days.*

Color, White

Married, ~~Single Widow Widower~~, {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth} ~ Poland ~

Duration of Residence in the City of Baltimore, [redacted] Three Months

Place of Death, {Give street and number} No 260 Alicanna St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemetery

Date of Burial, November 29th 1876

{*Undertaker,* A. Köhler

{*Place of Business* 294 E Lombard St,

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Cochran Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin & Dorcla Malecka

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 Aliceanna St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Nov 29 1876

James A Steuart M. D.

{*Undertaker,* John C Smith / *Place of Business,* ———

Address Commrs of Health & Registrs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informer Mary Ann Medwedeff

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 155 Fenno. Ave.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 29 st " 1876

J. H. Christian M. D.
Medical Attendant.

Undertaker, Chas F. Scriven

Place of Business, 270 W. Eutaw st Address 431 Fenno. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14129 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O'Connell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 168 E. Eager St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, St Patrick's Cemetery

Date of Burial, Nov 29 1876

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Jno. Brooke Bull M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Cohens Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 29th 1876

Undertaker, Wm Jas Gray

Place of Business, Mulberry St

James H Steuart M. D.

~~Medical Attendant.~~

Address Commiss of Health

H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida S. Cann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Shields alley

Cause of Death, {First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, Nearly a year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 29th 1876

W. H. Thompson *M. D.*
Medical Attendant.

Undertaker, Wm Cannes Gray

Place of Business, 65 Mulberry St *Address* 41 Orchard St;

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rosa Bate

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 190 Chestnut alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 30th 1876

Undertaker, Wm H Bishop Jr

Place of Business, 103 Druid Hill ave

J. E. Edwards M. D.

Medical Attendant.

Address 41 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Gordon Alley & Rose St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1876

Undertaker, W H Bishop

Place of Business, Druid Hill Ave

James A Steuart M. D.

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Boyd,

Sex, ~~Mal.~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* 10 *Days.*

Color, White,

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Wife of Benjamin Boyd.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, All her life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 522 Saratoga St,

Cause of Death, {First (Primary,) Burns, Second (Intermediate,) Tetanus,

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Nov 30

Undertaker, J B Cook

Place of Business, 707 West Baltimore St Address City,

John L. L. Boyd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Annie E. Thomas.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } 1 Mott Ct.

Cause of Death, { First (Primary,) Nutritis
{ Second (Immediate,) Peritonitis

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edward A. McDevitt M. D.

Date of Burial, Nov 29th 1876 Medical Attendant.

Undertaker, Wm. A. Runge

Place of Business, 110 & 104 Hanover St. *Address* 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) old age
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Lythonia

Date of Burial, Nov. 30

Undertaker, H Bergmann

Place of Business, 45 Clay St

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phill M. Hanlin

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 N. Exeter St.

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate.)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 1st '76

Undertaker, Geo. Schilling

Place of Business, Risgwith & Thomas 1st

Thos Winders M. D.
Medical Attendant.

Address 154 N. Exeter St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...d of Health, City of Baltimore,

No. 14138 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Nov 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Inc. K. Collier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Lee st

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balt cemetery

Date of Burial, Nov 30

Undertaker, Armstrong & Lemmon

Place of Business, 263 Light st

F. W. Webster M. D.
Medical Attendant.

Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, November 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel E. Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 10 Chestnut St.

Cause of Death, First (Primary,) Hydrocephalus.

Second (Immediate,) Convulsions

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 29 1876.

Undertaker, Wm A Runge

Place of Business, No 104 East St.

Edward P McDevitt M. D.
Medical Attendant.

Address 187 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Clara Mothersbaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover (Germany)

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 17 Plumtree

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis pulmonaris

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov 30th 1876.

Undertaker, Adam Koidemeyer

Place of Business, 518½ W. Baltimore St.

Holtman M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 M *Years,* *Months,* *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, C

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 154 Ramy st

Cause of Death, First (Primary,) Erisipelas

Second (Immediate,) Effects of the Brain

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Dec 1st 1876

Undertaker, P A Cook

Place of Business, No 767 W Baltimore Street *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Salisbury St

Cause of Death, {First (Primary,) cold

Second (Immediate,) Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Gen Jones

Date of Burial, Nov 30 1876

Undertaker, Dallas Stacy

Place of Business, ~~—~~

Address Commrs of Health

M. D.

~~Medical Attendant~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informants by Alice Chapman McDevitt

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 14143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Arthur Beiranger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 211 N. Fayette St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 1st 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Lee sts. *Address* 158 S. Sharp St.

R. J. H. Tull, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore,

Permit No. 141444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant nnt named, give names of parents.} Albert Keener

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross nut the wnrd not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if nf foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 6 S. Castle St.

Cause of Death, First (Primary,) Colera Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the abnve informntion should be furnished by the Physician.

Place of Burial, H. Mphansns

Date of Burial, Nov 30th '76

Undertaker, Michael France

Place of Business, 70 380 Gantan Ave

G. Glanville, Lusk M. D.
Medical Attendant.

Address Balt. & West. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 141145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida C Jolly

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 20. *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 35 Black alley

Cause of Death, {First (Primary.) Second (Immediate,)} Tubercular Meningitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Stark St

Date of Burial, November 30th

Undertaker, [illegible]

Place of Business, [illegible] St

Theodore Bodine M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14146 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov., 29th, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Antony Hofst

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* 24 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 23 Cemetery Lane

Cause of Death, { First (Primary,) Scarlatina / Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 30th

M. B. Billingslea *M. D.*
Medical Attendant.

Undertaker, Lee Schilling

Place of Business, Lexington & Fremont Sts *Address* Cor. Hartford Ave. & Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry H. Evans

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No. 2 Watson

Cause of Death, First (Primary,) Opium Poisoning

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Nov 30th 9½ P. M

J. W. P. Bates M. D.
Medical Attendant.

Undertaker, R. L. & H. Hall

Place of Business, 230 E. Balto

Address 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 141148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Emory Osborne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Aberyon, Harford County, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 S. Exeter St. Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, 65 Edge Wood

Date of Burial, Nov. 30th 1876

John Morris *M. D.*
Medical Attendant.

Undertaker, Thos. L. Murphy

Place of Business, 111 E. Balto *Address* No. 5. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 6 13

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

41149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Carey Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 196 S. Charles bet Pratt & ...

Cause of Death, {First (Primary,) Carditis

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 30 1876

{*Undertaker,* James P. Byrne

Place of Business, No 63 N Front St

M. Ryan M. D.

Medical Attendant.

Address 2 ... Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

4150

OFFICE OF REGISTRAR of VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bowers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Negro *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodgrove Co Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1810 McCamick Co

Cause of Death, First (Primary,) Cancer (of Leg)

Second (Immediate,)

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 30th 94

Undertaker, John H. Lock

Place of Business, 1104 W. Balt St

Address 184 N. Bright St City

W E Jordan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Mary L Knuckles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* Nine *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 19 Years 9 Nine months

Place of Death, {Give street and number} 155 East St

Cause of Death, First (Primary,) Suppression of Menstruation

Second (Immediate,) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2 1876

Undertaker, Wm. H. Redemayer

Place of Business, Cor Lexington & Howard St *Address* 67 Lexington St

H H Hunter M. D.
Last
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29. Nov. 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Andreas Steiner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57. *Years,* 1. *Months,* *Days.*

Color, *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germania

Duration of Residence in the City of Baltimore. 20. Years

Place of Death, {Give street and number.} 269. William St Balto

Cause of Death, {First (Primary,) Typhus Abdominalis

Second (Immediate,)

Duration of Last Sickness, 40. Days

All the above information should be furnished by the Physician.

Place of Burial, London Park, Cem.

Date of Burial, Dec 1st

Undertaker, K Eckhard.

Place of Business, 269 Canton ave.

Wm. A. P. Davis M. D.
Medical Attendant.

Address 88 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

4153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 91 Lancaster

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov 30th

Undertaker, [illegible]

Place of Business, 246 Eastern Ave

James E. Donnelle M. D.
Medical Attendant.

Address 2996 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Mary Denver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 130. Chappel st Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 144. Chappel st Baltimore

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Diphtheritis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cem^{y}

Date of Burial, November 31st 1876

Undertaker, H Eichlick

Place of Business, 240 Eastern Av

Dr. F. Lashan M. D.
Medical Attendant.

Address No 238 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 14185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Driver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 2 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 144 Chappel st Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 144 Chappel st Baltimore

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.) Diphtheritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cem'y

Date of Burial, Nov 30th 1876

Dr. T. Lucken, *M. D.*
Medical Attendant.

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

Address No 232 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Porter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 or 9 years

Place of Death, {Give street and number.} No 41 E Eager St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Scarlet

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Wm Whiteridge M. D.

Medical Attendant.

Date of Burial, November 30th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14157.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos E Stocksdale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 163 Druid Hill Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} uncertain

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, December 1st 1876

Wm H Davis M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address* 193 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 614)

...rd of Health, City of Baltimore,

4158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Groff

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give street and number.} 1004 St Marys [redacted]

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, about 2 years

All the above Information should be furnished by the Physician

Place of Burial, St Marys Cemetery

Date of Burial, Dec 1st 1876

Undertaker, Wm Jones Son

Place of Business, 66 Mulberry St.

Hammond Fox M. D.
Medical Attendant.

Address 190 Penn Ave
414 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann O'Connor

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* ..... *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Streeper St No 81

Cause of Death, First (Primary,) Confinement

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 1th 1876

D. H. Macartan M. D.
Medical Attendant.

{*Undertaker,* H M Gilmeyer
Place of Business, 341 Canton Ave. } *Address* Canton Avenue Thomas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 December 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Mack.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Florida,

Duration of Residence in the City of Baltimore, Four weeks.

Place of Death, {Give street and number.} 371 Gilmor Street.

Cause of Death, First (Primary,) Tuberculosis Malignia

Second (Immediate,) " "

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Mount Olivet Cemetery

Date of Burial, 1 December

Samuel Lee, M. D.
Medical Attendant.

Undertaker, J. J. Chalmers

Place of Business, 262 Penn Ave

Address 37 Hollingsworth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Crutchett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 Years, 7 Months, 2 Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, constant

Place of Death, {Give street and number.} 39 Lee St

Cause of Death, {First (Primary,) Second (Immediate,)} Sciruhus of Mamma

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral Cemetery

Date of Burial, Dec 2nd 1876

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St. Address

S. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

~~Duration of Residence in the City~~ of Baltimore, 40 years

Place of Death, {Give street and number.} 232 E. Lombard St

Cause of Death, {First (Primary,) Chronic Debility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. S. Mahon *M. D.*

Date of Burial, Dec 1st 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 138 N. Exeter St

Eq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T

Board of Health, City of Baltimore,

No. 14163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Vardy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Pilot

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number. } 88 South Washington Street

Cause of Death, { First (Primary,) Bright's Kidney Disease
Second (Immediate,) General Dropsy

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Dec 2nd 1876

Undertaker, Hughes & Co

Place of Business, 65 Broadway *Address*

D. D. Cockrill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

...d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1164

...ian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie J. Codling

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eight Years, Eleven Months, Ten Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} # 74 N. Fulton Av.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Abscess of Lung

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 1st 1876

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 476 Druid Hill Ave

J. G. Linthicum M. D.
Medical Attendant.

Address # 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Howard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 716. Hanover St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, Decemb 1st

Theodore Bode M. D.
Medical Attendant.

Undertaker, J. S. Mueller

Place of Business, 150 Canden St

Address 146 Hanover St

Extra Place 41

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14166 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO FERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Gillespie

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 84 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 156 Aisquith St.

Cause of Death, {First (Primary,) Old Age (For want of a better diagnosis.)
{Second (Immediate.)

Duration of Last Sickness, Immediate

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Dec 2: 1876

Undertaker, W. H. Hickman

Place of Business,

H. T. Kennedy M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* 24 *Days.*

Color, Col *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Stockton alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 1st 1876

Undertaker, William A. Dunger

Place of Business, No 164 East Lee Address

John Neff M. D.
Medical Attendant.

538 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

4168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ...t*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Farquharson Williamson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 20 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number.} 105 E Lombard St

Cause of Death, {First (Primary,) Acute Catarrh & Rheumatism / Second (Immediate,)}

Duration of Last Sickness, Indefinate

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 30th 1876

J W Cathell M.D.
Medical Attendant.

Undertaker, Thos J Murphy

Place of Business, 611 E Balto

Address 1 E Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 169

...n who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Mitchell Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 68 Walnut Alley

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 1st 1876

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill

E. Winslow M. D.

Medical Attendant.

Address 234 Mad Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1896

Full Name of Deceased; {Write legibly and spell correctly. If an infant not named, give names of parents.} John Linnemier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 M. 1 Days *Years,* 2 yrs 1 *Months,* *Days.*

Color, W. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dairy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Born twenty years

Duration of Residence in the City of Baltimore, Born Twenty years

Place of Death, {Give street and number.} Baltimore City 224 So. Ann St

Cause of Death, First (Primary,) Malignant disease of Heart

Second (Immediate.) Dropsy

Duration of Last Sickness, 2 Days 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, December 1st 96

J. A. Montgomery *M. D.*
Medical Attendant.

Undertaker, Simon Kelly & Co

Place of Business, *Address* 273 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

14171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 Nov. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mindie Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co, Md.

Duration of Residence in the City of Baltimore, about 5 Years

Place of Death, {Give street and number.} 16 Stockton Alley

Cause of Death, First (Primary,) old age

Second (Immediate,) Typhoid condition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Nash't Cemetery

Date of Burial, December 2d

Undertaker, P Hammond

Place of Business, 117 Baltimore St. *Address* 274 Holliday St

John Hood *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 14172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th '76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geoffrey Martin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* 6 *Months,* *Days.*

Color, Blk *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Co. Va.

Duration of Residence in the City of Baltimore, 12 mos.

Place of Death, { Give street and number. } Clay St Court

Cause of Death, { First (Primary,) Diptheria / Second (Immediate,) Asphyxia—

Duration of Last Sickness, About one wk

All the above information should be furnished by the Physician.

Place of Burial, Richmond Co. Virginia

Date of Burial, Dec 2. 1876

Undertaker, John C. Forde

Place of Business, No 63 Park Ave

Wm. T. Lockwood M. D.
Medical Attendant.

Address Balto. Gen'l Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 615

[OVER.

...of Health, City of Baltimore,

...73

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty four *Years,* Two *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} N 116 N. Paca S

Cause of Death, {First (Primary,) ... Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetary

Date of Burial, Nov. 30 - 1876

J. J. Chatard M. D.
Medical Attendant.

Undertaker, Lupton

Place of Business, McClure Depot *Address* N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4173 F

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Waters.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 4. *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brakes-man, B & O. R. R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. co. Md.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 390 Hanover st:

Cause of Death, {First (Primary.) Typhoid Fever. / Second (Immediate.)}

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Union Balt. County

Date of Burial, December 2nd 76

J. E. Hannington M. D.
Medical Attendant.

Undertaker, Stephen Hollsinger

Place of Business, Elliotts city Howard County

Address 321 Light st; Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

No. 14175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Eva Lindt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* Three *Months,* Twenty two *Days.*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} #307 N Central av

Cause of Death, {First (Primary,) Hydrocephalus / Second (Immediate,) Convulsions}

Duration of Last Sickness, Twenty six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 2, 1876

A Hartman M. D.
Medical Attendant.

{*Undertaker,* Henry Sloop
Place of Business, 307 Centralave *Address* #305 N Carrolline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Morarkia

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, [redacted], {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No 260 Alicanna St

Cause of Death, First (Primary.) Typhus Fever.

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, Nov 30th 1876

Undertaker, A. Kibler

Place of Business, 214 E. Lombard St.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th, 3:30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fisher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Six (6) *Years,* five (5) *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 175 Ramsey Street.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) General Contration

Duration of Last Sickness, Thirty-six (36) hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 4th

Undertaker, Larrahan

Place of Business, Pospheleon Hollins *Address* No. 15 W. Saratoga

Chas. A. Alderice, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

4178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maggie Bloomer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 4 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Lurch St. near Williams St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 mths

All the above information should be furnished by the Physician.

Place of Burial, Elicats Mills Harford Co

Date of Burial, Dec 2 76

H. Albers M. D.
Medical Attendant.

Undertaker, Armstrong & Deny

Place of Business, No 263 Light St *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Stallings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* Fourteen *Days.*

Color, White. *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 3 months & fourteen days

Place of Death, {City street and number.} 48 Washington ave

Cause of Death, {First (Primary,) Hydrocephalus

{Second (Immediate,)

Duration of Last Sickness, Ever since it was born —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 1st 1876

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover st *Address* Corg W. Fayette st.

Benjn Shelley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...d of Health, City of Baltimore,

...180 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Dec. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Bertha Krause

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 years. *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 4 years —

Place of Death, {Give street and number.} 207 N. Broadway

Cause of Death, { First (Primary,) Inflamation of the Brain

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2nd 1876

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 232 Canton Av *Address* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore,

Form No. 14181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 5 *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 167 N Bethel St

Cause of Death, {First (Primary,) Insanity

Second (Immediate,) Paralysis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Dec 6

Undertaker, Ch Koessing

Place of Business, 136 E Fayette St

J A Gosh M. D.
Medical Attendant.

Address 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# of Health, City of Baltimore,

82 OFFICE OF REGISTRAR OF VITAL STATISTICS.

attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emelia Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} 169 S. East st.

Cause of Death, {First (Primary,) Scarlatina Maligna
Second (Immediate,)}

...uration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cimetery

Date of Burial, December 2d 1876

{*Undertaker,* H M Gibmeyer
Place of Business, 341 Eastern Av.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimore,

1883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Abraham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Store keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 398 Eastern Ave.

Cause of Death, {First (Primary,) ... Second (Immediate,) Delirium tremens

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, December 3rd 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Eastern Ave.

Dr. J. Kaltz M.D.
Medical Attendant.

Address 248 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Henry Rogers.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 10 m *Years,* — *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Still his life.

Place of Death, {Give street and number.} No 155 Raborg Street.

Cause of Death, First (Primary,) Ulcer of Colon

Second (Immediate,) Exhaustive Diarrhoea

Duration of Last Sickness, Sixteen hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1876

J. Shaw, M. D.
Medical Attendant.

Undertaker, C. W. Chase

Place of Business, 1121 Thames

Address No 155 Raborg St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 14185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 2 1876 BALTIMORE

Date of Death, December 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Kimila

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} Female

Age, ——— Years, ——— Months, 9 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City M. d

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 27 Park St

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, St Pauls Cemetery

Date of Burial, December 2nd 1876

Undertaker, H. Fischlich

Place of Business, 246 Eastern Ave.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 14186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruel M. Shaw

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 76 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Prof. of vocal music

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wales, Massa.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} Cor. Druid Hill Av. & McMechen

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease & old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 2d 1876

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...4187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 — 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Melville

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 85 Mulberry St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) Three Months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, December 1876.

Undertaker, Geo Lofton

Place of Business, 11 S Eutaw St

D R Ream *M. D.*
Medical Attendant.

Address 37 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

...188 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dafan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ *Months,* 8 Hours ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nr 128 N Fayette St

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} Nr 128 N Fayette St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 2nd 1876

Undertaker, Joseph Loane

Place of Business, West Balto St

Lambert M. Hewitt (M. D.)
Medical Attendant.

Address Nr 213 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

189

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Waiter &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give street and number.} Rear of 111 N Gay St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, About Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1876

Undertaker, William H. Lange

Place of Business, No 104 East St.

D Webster Bartlett M. D.
Medical Attendant.

Address 112 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1490

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Graham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Cor. Hope st & Landsdale st

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 6 Months in bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3rd/76

A. G. Watson M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Keyser & Thomas 15 *Address* 454 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4191.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Smith St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Dec 2nd 1876

Oscar Baldwin M. D.
Medical Attendant.

Undertaker, Chenoweth & Brown

Place of Business, 364 Penna ave Address 130 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...d of Health, City of Baltimore,

4192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st. December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Giesselhorst.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburg, Germany

Duration of ~~Residence~~ in the City of Baltimore, 40 years.

Place of Death, {Give street and number} S. Caroline street 168.

Cause of Death, {First (Primary.) / Second (Immediate.)} Marasmus senilis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, December 3d.

William Henkel M. D. Medical Attendant.

Undertaker, H. Hunter

Place of Business, No. 35 Bank St. Address S. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 N. Howard St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) Convulsions}

Duration of Last Sickness, Life ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 12 1876

Undertaker, W. W. Foss,

Place of Business, 157 W. Fayette St

M. D.

Address Commissioners of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry B. Lewis ——— [OVER.]

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...94

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella D. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~White~~ Female

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 1

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 307 McDonogh St

Cause of Death, {First (Primary,) / Second (Immediate,)} General Debility.

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 3 1876

Undertaker, James L Byrne

Place of Business, N° 63 N Front St

E. W. Janney M. D.
Medical Attendant.

Address Germantown Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Hawley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 S. Oregon St

Cause of Death, { First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 3rd 1876

{ *Undertaker,* Chas. A. Pouder
{ *Place of Business,* No 520 W. Baltor St

W. H. Maguire M. D.
Medical Attendant.

Address 1 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st Feb 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fredericka Katharina Weiss

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 0 *Years,* 0 *Months,* 23 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 136 S. Paca St

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 136 S. Paca St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 3rd Dec

W. W. Heidmann M. D.
Medical Attendant.

Undertaker, J. Klein

Place of Business, 246 W Pratt *Address* 120 North St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ December 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Killalea

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, thirty *Years,* Eight *Months,* —— *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seventy eight years

Place of Death, {Give street and number.} No 9 S. Bethel St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.) ~~Eight Months~~

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 3' 1876

Undertaker, James D Byrne

Place of Business, No 63½ Front St

John S. Smith M. D.
Medical Attendant.

Address 54 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

...ard of Health, City of Baltimore,

4198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fisherman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 93 E. Pratt St. Baltimore, Md

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer, (of face)

Duration of Last Sickness, 3 years,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 3d 1876

John Morris *M. D.*
Medical Attendant.

{*Undertaker,* Jas P Byrne / *Place of Business,* 63 Front st} *Address* No. 5, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

...ard of Health, City of Baltimore,

4199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 — 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Elizabeth Perkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 180 Druid Hill ave

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Convulsions

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Dec 3 1876

{*Undertaker* Jacob Weaver

{*Place of Business,* Druid Hill ave *Address* 89 N. Green St.

D. G. Miller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Drain,

Sex, Male or Female, {Cross out the word not required in this line,} Male,

Age, ——— *Years,* ——— *Months,* 4 Weeks *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. ———

Place of Death, {Give street and number.} 118 Fawn St.

Cause of Death, {First (Primary,) Pneumonia Built at 6 months.
Second (Immediate,) (Viral Exanthems,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, Dec 2nd 1876

Undertaker, Thos L Hughes

Place of Business, 10 E Balto

C. M. Hoick, M. D.
Medical Attendant.

Address 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the CORONER, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 616

[OVER.]

...of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...201

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd. 5 A.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Landeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 131 Bank St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 4 76

Undertaker, Kinghorn

Place of Business, 65 S. Broadway

James E. Donnelly M.D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimor...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4202

...n who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 ~~Nov 24~~ 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Joseph Starkey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 18 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 N. Paca Street

Cause of Death, {First (Primary,)} Tuberculous meningitis

{Second (Immediate,)} Coma

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Dec 3rd 1876

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Eutaw St Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

d of Health, City of Baltimor

4203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schneider

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 29 years

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 12 Shakespear St

Cause of Death, {First (Primary.) Insanity — / Second (Immediate,)}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Dec 3rd 1876

Undertaker, H. Froehlich

Place of Business, Eastern ave

M. D.

~~*Medical Attendant.*~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by H. Froehlich undertaker [over.]

Board of Health, City of Baltimore,

No. 14214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Duffy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* seven *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Eager & McKim Sts

Cause of Death, First (Primary,)

Second (Immediate,) Membranous croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, December 3d

Undertaker, P H Kirkman

Place of Business, 234 N Gay St

W H Diffenderffer *M. D.*
Medical Attendant.

Address 1 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Campbell Mullins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfast Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 248 Druid Hill Avenue

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 3rd 1876

{*Undertaker,* J M Jenkins & Son

{*Place of Business,* 16 Light St.

J. H. McManus M. D.
Medical Attendant.
for F. A. McM

Address 17 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ard of Health, City of Baltimore,

1206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Augusta Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} No 2. Eutaw st. Baltimore City

Cause of Death, First (Primary,) Ovarian Dropsy.

Second (Immediate,) Ovarian Dropsy,

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Comerad Cemetery

Date of Burial, Dec 3/76

Undertaker, M Lunggood

Place of Business, 87 Gough St *Address*

E. W. Lamney, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

4207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah E. Lomax

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 87 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Penn,

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Cor, Hollins & Stricker Sts

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery J. Gilmour M. D.

Date of Burial, Dec 3rd 1876 Medical Attendant.

Undertaker, Wm. Loane

Place of Business, 568 W. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 14208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Read

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 14 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} No 1 Millington St

Cause of Death, First (Primary,) Catillary Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3rd 1876

Undertaker, Wm H. Lange

Place of Business, No 104 East St

Address 235 N. Broadway

Dr. J. O'Reilly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 14209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Kent Co Maryland

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} Necessity Alley No 7

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Cemetery

Date of Burial, December 3rd 1876

Undertaker, W. W. Lungo

Place of Business, 16 North East St.

E. G. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimore,

210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick William Drury

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Sixty Seven *Years,* One *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, Thirty four Years

Place of Death, { Give street and number. } #22 Hamer St

Cause of Death, { First (Primary,) } Congestion of Brain

{ Second (Immediate,) } Paralysis

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician

Place of Burial, Loudon park Ce

Date of Burial, 4th December

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

L. J. Smithson M. D.
Medical Attendant,

Address 1584 N Fombus (St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimore,

...1211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled* ...e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurie D Heyes on Keys

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cumberland Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 34 Millerman St

Cause of Death, {First (Primary,) Natural cause / Second (Immediate,) Apoplexy probably

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 4th 1896

Undertaker, Jacob Thomas

Place of Business, Maryland Ave

Edmund Burdette M. D.
Medical Attendant.

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore. 50 years

Place of Death, {Give street and number.} 391 Lexington St

Cause of Death, {First (Primary,) Valvular Disease of Heart
Second (immediate,)}

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cem

Date of Burial, Dec 3 — 76

Undertaker, John I Rodenmayer

Place of Business, Cor Fremont Ave & Monument St

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimore,

4213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem ber 3rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie S. Sexton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Mt. Saraft. Alleghany Co Md

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, { Give street and number. } 84 Hanford Ave

Cause of Death, { First (Primary,) } Catarrh

{ Second (Immediate,) } 4 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 4 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Silas N Hanlon M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d of Health, City of Baltimore,

12144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Nolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 134 Low St

Cause of Death, {First (Primary,) Second (Immediate,)} Carcinoma Mammae

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Patricks Cemetery

Date of Burial, Dec 3rd 1876

Undertaker, James D. Byrne

Place of Business, No 63 & 11 Front St

D Webster Cathell M. D.
Medical Attendant.

Address No 9 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henritta Arch

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

Age, ——— *Years,* ——— *Months,* Sick *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 162 Burgundy St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, the 4 of Dezember.

Undertaker, P. F. Dill.

Place of Business, 183 Columbia ave. *Address* "Butcher and Drug."

Benjn. Whiteley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (31 yrs. in America

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alpha House. Oscar F. Cortry M. D.

Medical Attendant.

Date of Burial, Dec. 29th

Undertaker, Mr. Funk

Place of Business, No. 55 Bank St. Address 188 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Spanhawk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 18 S. Schroeder St,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 S. Schroeder st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 4

F. W. Benson M. D.
Medical Attendant.

Undertaker, W B Cook

Place of Business, 407 W Baltimore st *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 51 Mulberry.

Cause of Death, First (Primary,) . Diphtheria

Second (Immediate,) . Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Grounds

Date of Burial, Tuesday Dec 5th

F. E. Chataud Jr *M. D.*
Medical Attendant.

Undertaker, Mr Jenkins

Place of Business, ~~Greater Williams~~ Address
Right of Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ard of Health, City of Baltimore,

No. 14219 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Harrigan,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} 410 S. Conk. Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 5 1876

Undertaker, James P Byrne

Place of Business, N° 63 W Front St

G. Glanville, Lusk M. D.
Medical Attendant.

Address Balt & Mark. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14220 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Fuechsberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Four *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laymen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Six Years

Place of Death, {Give street and number.} 188 South Caroline St.

Cause of Death, First (Primary,) Brain & Stomach

Second (Immediate,)

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery D. C. Ireland M. D.

Date of Burial, Dec 1 st Coroner E Dietz, Medical Attendant.

Undertaker, Charles Stepper

Place of Business, Pratt & Charles Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14221

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} William H Biggins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Petersburg Va

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 155 Ensor St

Cause of Death, {First (Primary.) Temporary insanity, Second (Immediate.) Gunshot wound in chest inflicted by himself

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th

{Undertaker, Wm Shilling *{Place of Business* Monument Ave

Edm'd Revalee M. D.
Medical Attendant.

Address Coroner M. D.

DEC 4 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 14222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo A Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 27 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bond St No 310

Cause of Death, {First (Primary,) Disease Bowels

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Dec 5th

{*Undertaker,* Thos. J Hughs

{*Place of Business,* Cor Exeter & Balto *Address*

O S Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4223

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelia O. E. Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 196 Canton Ave,

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, Dec 5th 1876

{*Undertaker,* Wright & Co

{*Place of Business,* 65 S. Broadway

James S. Shaw M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 14224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Minks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 21 Bevan St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 5th 1876

R. J. N. Tall M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler / *Place of Business,* 158 Sharp & Cross sts.} *Address* 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14225 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Burke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 30 Bird St

Cause of Death, {First (Primary,) Chronic Inflammation of Stomach
Second (Immediate,) Inanition

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec. 6th 1876

Undertaker, Armstrong & Conroy

Place of Business, 263 Light St

H. H. Lurman M. D.
Medical Attendant.

Address 76 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

No. 4226 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3d " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Dunn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} Hull st nr. Railroad

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Dec 4th

Undertaker, McCleaf & Sons

Place of Business, 64 E. Balt st

J. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

No. 14227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~W. H. Cambell~~ Dec 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. H. Cambell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Georgia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,) asthenia}

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4th 96

{Undertaker, [illegible]

{Place of Business, 62 Hanover st

T. A. Abbe M. D.
Medical Attendant.

Address Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} John Bell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore. 8 years

Place of Death, {Give street and number.} 76 Church St.

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Disease of Heart

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 5 1876

Undertaker, C. H. Chase

Place of Business, 19 & 21 Lombard St

P. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Stevens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Same as before named

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 64 Chatsworth st

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Dec 4 1876

{*Undertaker,* C H Krause

{*Place of Business,* 1518 Howard st

John D Pennington M. D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec- 4 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. H. Pfeifer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Infant Child~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 666 Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 666 Penna Ave

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 10 - days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery H. Greentree M. D.

Date of Burial, Dec 5th Medical Attendant.

{*Undertaker,* C. Wiegand *Address* 647 Penn Ave

Place of Business, 53 Druid Hill Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

No. 14231 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bailey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 Gough St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Dec 5th 1876

M. D.
Medical Attendant

Undertaker, M. A Daige

Place of Business, Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Conrades

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five (5) *Years,* Seven *Months,* Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Conway St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Tues. Dec 5th 1876

Undertaker, A. Weidemeyer

Place of Business, 578 W Balt St

Wm. Cigo *M. D.*
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

FILM

...oard of Health, City of Baltimore,

...h No. 14233 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dDecember 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Josephine Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* *Days.* 8

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 West St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Infantile unknown

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

DR. J. H. SMITH. DEC 4 1876 BALTIMORE, MD.

Place of Burial, St Stephens

Date of Burial, Dec 5th 1876

Undertaker, C. F. Krause

Place of Business, 207 Hanover St

M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

...ard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1423

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahala Travers

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 68 ~~St~~ Bethel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestive Chill

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Dec 5th 1876

Undertaker, W. N. Bruce

Place of Business, East St

Address Commis of Health

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Undertaker

Board of Health, City of Baltimore,

Permit No. 14235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Gosney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 10 *Months,* 9 *Days.*

Color, cd

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 12 81

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 1 year + Six Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial December 5th 1876

Undertaker, William A. Dungee.

Place of Business, No 104 Exeter st.

E. C. Baldwin M. D.

Medical Attendant

Address 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Walter Hemsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One year *Years,* Nine *Months,* Seven *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 10 Brook St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 4th 1876

Undertaker, Wm N. Dunger

Place of Business, No-104 East Pratt

J. B. Skinner M. D.
Medical Attendant.

Address 626 Lexington, Av City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

No. 14237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Kennedy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 81 Harrison St

Cause of Death, {First (Primary,) Unknown, but natural

Second (Immediate,)} Found dead in bed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Dec 5-75 1876

{*Undertaker,* Hy R. Mears

Place of Business. 45 N Gay St

Edmund Porr alter M. D.
Medical Attendant.

Address Corner Dr & P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...it No. 14238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Drea

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Franklin St

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Dec 5th

Undertaker, Conde Rumple

Place of Business. 60 Park St *Address* 714 Park Ave

Geo L Rice *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14239

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ter, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Meakle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 279 Forest St

Cause of Death, {First (Primary,) Pneumonic fever

Second (Immediate,) 8 days

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec — 6th 76

Undertaker, John I Radmaycr

Place of Business, Cor Greenmount Ave & monument St

Silas N Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 142440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Baldt.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5. N. Washington

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Mt Lephonsus ceme

Date of Burial, 5 December

Chas Hoffmann M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, No 11 South Wolfe Address 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

Certificate No. 14241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Feldsman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 235 Front Street

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 5th 1876

Undertaker, Chas. Shriver

Place of Business, Pratt & Charles *Address* Commissioners of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Williams [OVER.]

235 Front St

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank. Spencer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 408 Cross

Cause of Death, {First (Primary.) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 5 1876

Theodore Costa M. D.
Medical Attendant.

Undertaker, Charles F. Bond

Place of Business, 16 Fawn St Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm O'Hara.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 29 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Sugar Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 97 Pearl St.

Cause of Death, {First (Primary,) Pneumonia. / Second (Immediate,) Phthisis.

Duration of Last Sickness, About one Year.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, On Monday.

{*Undertaker,* Jacob Lever / *Place of Business,* Mass St

W. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 142464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wallace

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, about 70 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George Co.

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 4 Mason Alley

Cause of Death, First (Primary,) Hepatic Congestion

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th 1876

Undertaker, Wm Sams Son

Place of Business, 65 Mulberry St

John Dickson M. D.
Medical Attendant.

Address 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Lollmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 19 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 73 S. Wolf St.

Cause of Death, First (Primary.)

Second (Immediate,) Acute Meningitis.

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician

Place of Burial, Per. - Myers Church Cem.

Date of Burial, Dec. 6th 76

A. F. Ezell *M. D.*
Medical Attendant.

Undertaker, Rachael France

Place of Business, - To 220 Canton Ave. *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Sallie White.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 24 George St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) "

Duration of Last Sickness, one Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 6th 1876

Undertaker, Chas. T. Scriven

Place of Business,

John D Pennington M. D.
Medical Attendant.

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bradens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 27 years

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 228 Lemon St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Rheumatism}

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 7th 1876

Undertaker, I. B. Cook

Place of Business, 207 W. Balto St

M. D.

~~Medical Attendant~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14 248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Isaac Allen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 306 N. Ann

Cause of Death, {First (Primary.) Scrofulosis / Second (Immediate.)}

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decem 6th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14249

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boiler maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 233 S. Eutaw St. S. Eutaw St.

Cause of Death, First (Primary.) Typhoid. Enteritis

Second (Immediate.) about 5 wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 6 December

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

DR. J. H. SMITH. DEC 5 1876 BALTIMORE MD.

M. D.
Medical Attendant.

Address 108 S. Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Conrades

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* Four (4) *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 Conway St

Cause of Death, { First (Primary,) / Second (Immediate,) } Hydrocephaloid disease

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Dec. 6th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Dr. C. Cigo M. D.
Medical Attendant.

Address 129 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7...

Board of Health, City of Baltimore,

Permit No. 14257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savinia Holland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 6 E Falls Avenue

Cause of Death, {First (Primary,) Morbus Caeruleus et Sequelle

{Second (Immediate,)

Duration of Last Sickness, Entire life time

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 5th 1876

{Undertaker, James D Byrne

{Place of Business, No 63 N Front St

D W Cathell *M. D.*

Medical Attendant.

Address 14 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Blackwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 6 *Months,* *Days.*

Color, Colored / *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} No 16 Gilford Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Penn Cemetery

Date of Burial, Dec 5th 1876

Undertaker, M. A. Lange

Place of Business, East Pratt

C. E. Morris M. D.
Medical Attendant.

Address No 1 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

...t No. 14253 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reese

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Locust Point Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hull st. L.P. Balto. city

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Maligna

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec. 6th

Undertaker, McCauley Sons

Place of Business, No 614 E. Baltimore

R. M. Mansfield *M. D.*
Medical Attendant.

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 142524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. E. Toyne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

1 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. During Life

Place of Death, {Give street and number.} № 2 Wayne Street

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 5th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Dr. Cook M. D.
Medical Attendant.

Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14255 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Schrumm

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 269 Hughes St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem'y

Date of Burial, Dec 6th 1876

Undertaker, C. F. Krauss

Place of Business 209 Eleanor St

Address Comm's of Health & Registrar

Medical Attendant M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Schrumm Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Scarf.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Broom-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Baltimore. 223 Landale St.

Cause of Death, {First (Primary.) Apoplexy / Second (Immediate.) Paralysis

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 6

Undertaker, H Blizzard

Place of Business, [illegible]

Hussmer & Fox M. D.
Medical Attendant.

Address 190 Penn Avenue
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta McCubbin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 hours ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 107 Paca st

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 107 Paca st

Cause of Death, {First (Primary.) Abnormal condition of heart

Second (Immediate,) .....

Duration of Last Sickness, from time of birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 6th 1876

Undertaker, Jno H. Weaver

Place of Business, Fayette st

H Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Grant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, c d *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Stricker alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 6th 1878

Undertaker, Wilhelm Krueger

Place of Business, 558 W. Fayette St

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fowler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 11 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Louis 2 1/2 9

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Fawn 2 1/2 & 4 9

Cause of Death, {First (Primary,) Coton

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Fawn Cemetery

Date of Burial, Dec 1876

Undertaker,

Place of Business, 20 N Exeter

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876. (Tuesday)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alfred Dagen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two Years *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} # 1 Price Court

Cause of Death, {First (Primary.) ____ Second (Immediate.)} Burns of the third degree in which over one half of the cutaneous surface was involved (after the accident)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, [illegible] Cemetery

Date of Burial, Dec. 6th 1876

Undertaker, William A. Duncan

Place of Business, [illegible] East St.

Wilmer Brinton M. D.
Medical Attendant.

Address # 25 n Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14261 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Giles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md — nearly all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 S. Eutaw St

Cause of Death, {First (Primary.) Exposure} {Second (Immediate.) Congestive chill}

Duration of Last Sickness, two days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6th 1876

Undertaker, S. W. Chase

Place of Business, Eutaw St

Address Commissioners Hall & Registrar

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John H. Owens 225 S Eutaw St

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Bodenheimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 483 W Pratt St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate.)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 6th 1896

J. G Wamble M. D.
Medical Attendant.

{*Undertaker,* Geo Leimbach

{*Place of Business,* 389 W Pratt St *Address* 203 N Gammon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Giles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, unknown Years, supposed between Months, 30 & 40 yrs Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore, MD

Duration of Residence in the City of Baltimore, 4 yrs,

Place of Death, {Give street and number.} No 4 State st

Cause of Death, {First (Primary,) / Second (Immediate,)} Stabbed in the Heart,

Duration of Last Sickness, 5 or 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Locust Township

Date of Burial, Dec 6 1876

Undertaker, Richard W Chase

Place of Business, 19 E Monument st

Geo Ag Cosmer M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1424 6cf

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Weber

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany—3 years in this Country

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 954 N. Paca

Cause of Death, First (Primary,) Peritonitis complicated with Pneumonia

Second (immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 6th 1876

Undertaker, Jno P. Paulus

Place of Business, 66 Fredk Ave.

Jno G. Holliday M. D.
Medical Attendant.

Address Carroll P. O.
Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty six *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bello Wharf.

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 6th,

Undertaker, M. Funk

Place of Business, No. 35 Bank

W. E. Ireland M. D.
Medical Attendant.

Coron E Dick.

Address Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 14266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Linaweaver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 150 Gurley st.

Cause of Death, {First (Primary.)} Scarlet Fever. (Malignant)

{Second (Immediate.)} " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Dec 6th 1876

John D Plunington M. D.

Medical Attendant.

Undertaker, J Mowell

Place of Business, Druid Hill Av *Address* 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Stephan Stephan Martin.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 — *Years,* 8 — *Months,* 13 — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married —

Occupation, Merchant —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 29 years —

Place of Death, {Give street and number.} 200 S. Sharp. Str.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Spinal Paralysis

Duration of Last Sickness, about one year —

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7th 76

Undertaker, Geo Schilling

Place of Business, Virginia Ave & Monument st

G. A. Dohme — M. D.
Medical Attendant.

Address No. 2 Fayette Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 14268 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ann [redacted] Mitchell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 7 *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 Penn Ave

Cause of Death, {First (Primary.) Apoplexy

Second (Immediate.) "

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician

Place of Burial, Loudin Park Cem.

Date of Burial, Dec 6th 1876

Undertaker, Jacob Weaver

Place of Business. No 4 + 6 Druid Hill Avenue

Hmmmm Fox M. D.
Medical Attendant.

Address 190 Penn Ave 414 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y ▲ F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Henry Dayton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 292 O, Bond St.

Cause of Death, {First (Primary,) Scarlet Fever} {Second (Immediate,) Acute Desquamative Nephritis}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, December 6th 1876

Undertaker, W. A. Daiger

Place of Business, 64 S. Broadway *Address* 64 S. Broadway

James D. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallace

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 yr *Years,* *Months,* *Days.*

Color, Red

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Boston

Duration of Residence in the City of Baltimore, 2 yr

Place of Death, {Give street and number.} 19 Jenkins alley

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 7th 1876

Undertaker, Robt J. Scriven

Place of Business, 271 N Eutaw st

G L Tawney M. D.
Medical Attendant.

Address 129 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reese

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hull St. Locust Point Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hull St L. P. Balt.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina Maligna 4 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Dec 7th

Undertaker, H Clarke Son & Co

Place of Business, 1804 E Baltimore St

R. N. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14472

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Howland Coonan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Thirty Seven *Years,* One *Months,* *Days.*

Color, White

~~*Married,~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} # 294 Hollins St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, About One year

All the above Information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Nov 7th 1876

{*Undertaker,* / *Place of Business,*} D. B. Blackelton & Son

D. J. Leighton M.D.
Medical Attendant.

Address 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary E Cochran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} West Fayette St 161

Cause of Death, First (Primary,) Pulmonary consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty S. T. Knight M. D.

Date of Burial, Dec 8. 1876 Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore St *Address* Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Cert'd No. 14274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bergie Hilda Warfield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Eleven *Months,* one *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 267 Argyle av.

Cause of Death, {First (Primary.) Asphyxia / Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Dec. 7 1876

Undertaker, I. I. Chalmers

Place of Business, Penna. Ave

Dec'd. H. Barclay *M. D.*
Medical Attendant.

Address 165 Argyle av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 14275 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary N. Price

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty one *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} Cor of Chase St & Forrest Place

Cause of Death, First (Primary.) Bright disease

Second (Immediate,) Hydrothorax & anasarca

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Dec 7th 1876

Undertaker, Wm. H. Buchman

Place of Business, 234 N. Gay St.

Elias C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Feldhaus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 13 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Sharp St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, December 8 at 9 o'clock

Undertaker, Richard Hall

Place of Business, 233 E. Balto St

Balto. City

M. D.

Medical Attendant.

Address 109 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 14277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Bermingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland born in U.S. 32 years

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 1009 Eliot St.

Cause of Death, {First (Primary,) Old age and has been Second (Immediate,) of unsound mind for 4 years

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemitery

Date of Burial, December 7th 1896

E. J. Williams M.D.
Medical Attendant.

{*Undertaker,* H. H. Gilmyer
{*Place of Business,* 341 Eastern Ave

Address No. 53 Eliot St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Deal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 409 Calhoun St

Cause of Death, {First (Primary,) Cardiac Disease
Second (Immediate,) Cyanosis

Duration of Last Sickness, About Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 8. 76

Wm Whitridge M. D.
Medical Attendant.

{*Undertaker,* John I Rodemaya
Place of Business Cor Monument and N. Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1894.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon J. Magee.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish Kilmichael Co. Clare Ireland

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number.} 419 E. Eager St.

Cause of Death, First (Primary,) Phthisis of the Liver Diabetes

Second (Immediate,) Uraemia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 8

Undertaker, M A Dager

Place of Business, 148 Bl's

Edward P Wood M. D.
Medical Attendant.

Address 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14280 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regenia Sacherman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 119 Calvert St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyd St cemetery

Date of Burial, Dec 9

Undertaker, Mr W Ely

Place of Business, 101 Gought St

J J Grosz *M. D.*
Medical Attendant.

Address 137 Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14281 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 118 Gough St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, I dont know exactly, but many months

All the above information should be furnished by the Physician.

Place of Burial, Butler Cemetery

Date of Burial, December 15th 1876

E. P. Irons M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 652 Broadway *Address* 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Caroline Richardson Mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 5 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Dec 5th Life

Place of Death, {Give street and number.} 1 Chestnut alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 7th 1876

Undertaker, M. & E. Penn

Place of Business, 448 W. Pratt

M. D.
Medical Attendant.

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information by Father E McColgan

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Reschnue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 8 Shakspear St.

Cause of Death, First (Primary.) Pertusis.

Second (Immediate.) Meningitis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician

Place of Burial, S. Alfonzes Cemetery

Date of Burial, December 8th 1876

Undertaker, Leonhard Feurz

Place of Business, S. Bond St. No 222.

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 74 N. Eut. St.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 7th 1876

Undertaker, John Lamont

Place of Business, Harford Ave

Fielding Bullard M. D.
Medical Attendant.

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leffler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty seven *Years,* ——— *Months,* ——— *Days.*

Color, White. *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 South Bethel St.

Cause of Death, First (Primary,) Strangulated Hernia.

Second (Immediate,) (Inguinal)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul cemetery

Date of Burial, December 8th,

Undertaker, M. Funk

Place of Business, No. 35 Bank.

W. C. Abeland M. D.
Corner E. A.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14286 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6 Th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Pearce

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* ~~0~~ nine *Months,* ~~0~~ *Days.*

Color, Colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Carlton Street

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 1876

Undertaker, Wm H Lange

Place of Business, 1047 East St

Chas W Neff M. D.
Medical Attendant.

Address 306 N Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry & Christ.a Rohrman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 Months

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 524 S. Howard St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 8th 1876

Undertaker, Anton Kraft

Place of Business, Clay St

M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Kroh Midwife

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bradley, M York.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six *Years,* 6 m. *Months,* 6 m. *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City.

Duration of Residence in the City of Baltimore, Five Days

Place of Death, {Give street and number.} 291 Park Avenue

Cause of Death, First (Primary,) Comp

Second (Immediate.)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, Dec 7th 1876

Undertaker, Parente.

Place of Business,

A. F. Bell M. D.
Medical Attendant.

Address 30 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14289

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. C. Boerner.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newbern North Carolina

Duration of Residence in the City of Baltimore. about 6 years

Place of Death, {Give street and number.} 367 N Durham St

Cause of Death, {First (Primary.) Diarrhoea

{Second (Immediate,) Typhoid Fever

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician

Place of Burial, Balt^o Cemetery.

Date of Burial, December 8th

{*Undertaker,* Chas Hollander Sons

{*Place of Business,* 22 W. Pratt Str.

[illegible] M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward John Suter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 414 Division St

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, 5 days-

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, Dec 8th 1876

Undertaker, Archd Leitch

Place of Business, Lloyd Holman

Chas E Sadtler M. D.
Medical Attendant.

Address 619 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14291

The Physician who attended any person in *his* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Nicholson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 752 Pennsylvania Ave

Cause of Death, {First (Primary,) Metritis and Peritonitis

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 8 Dec 1876 ~~*~~

W. H. Logsdon M. D.
Medical Attendant.

Undertaker, George C Rotenmayer

Place of Business, 38 Eutaw St

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Reason Morfit

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Toronto Canada

Duration of Residence in the City of Baltimore, 10 Yrs 6 Mos

Place of Death, {Give street and number.} 388 Myrtle Avenue

Cause of Death, First (Primary,) Scarlatina ~~Malig~~ Anginosa

Second (Immediate.) Asthenia

Duration of Last Sickness, 7 Illness days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Charles M Morfit M. D.

Date of Burial, Dec 8 – 1876 Medical Attendant.

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St. *Address* 84 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Augusta Calvert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore 83. Cathedral St

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,)

Duration of Last Sickness, Two months and a half.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 9 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St

F. J. Miles. *M. D.*
Medical Attendant.

Address 24 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14294 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Burneston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, lived in county

Place of Death, {Give street and number.} Highland Avenue & Monument St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 9th 1876

Wm H Biffendeffer M. D.
Medical Attendant.

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St Address High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Leeds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. 5 yrs.

Place of Death, {Give street and number.} 62 Willamead

Cause of Death, {First (Primary,) Albuminuria

{Second (Immediate,)

Duration of Last Sickness, 6 minutes

All the above information should be furnished by the Physician.

Place of Burial, Hand Cock Hoomack Co. Va

Date of Burial, Dec 9 W M Eliason M. D.

Medical Attendant.

Undertaker, W M Eliason

Place of Business, No 198 W Howard St. *Address* 849 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Transit 622

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14296 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jinnie Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} 120 E. Eager St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 120 E. Eager St

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Sunday

Undertaker, James F. Byrne

Place of Business,

Jno. Buckler Bryden M. D.
Medical Attendant.

Address 116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Cummins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 Dewberry Alley

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 9th 1876

Undertaker, J S Loch

Place of Business, No 767 W Baltimore Street

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14298 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carey Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 10 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co. Va.

Duration of Residence in the City of Baltimore, Eight mon.

Place of Death, {Give street and number.} Wilmot alley 18th ward Canton Smith st.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 8th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Silas Bacon M. D.
Medical Attendant.

Address 130 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 14299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [redacted] Botts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——.

Place of Death, {Give street and number.} 331 Biddle St

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, Dec 8th 1876

D. H. Ulrich *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address* 183 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14300 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Belz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 90 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, about 60 [redacted]

Place of Death, {Give street and number.} 314 Franklin [illegible]

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonn Bray

Date of Burial, Dec 9th 1876

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Avenue

Mahony Brown M. D.
Medical Attendant.

Address 241 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 14301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Bann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 68 Richmond St.

Duration of Residence in the City of Baltimore, Ryan Suit

Place of Death, {Give street and number.} 68 Richmond St

Cause of Death, {First (Primary,) / Second (Immediate.)} Trismus Nascentium

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 9th 1876

{*Undertaker,* Chas. T. Scriven / *Place of Business,* 271 N. Eutaw St.} *Address* 59 Cathedral St.

Chas. Lounds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14312 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Blake

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Freedmans Co. Md.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and number.} 157 Mechanics Court.

Cause of Death, First (Primary,) Albuminuria.

Second (Immediate,) Uræmic Convulsions.

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery Edward P. McDevitt M. D.

Date of Burial, Dec 8th 1876 Medical Attendant.

Undertaker, Chas Shuepe

Place of Business, Pratt St *Address* 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles & Susannah Parents Richter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 161 N. Eutaw St

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 9th 1876

Undertaker, Jacob Krause

Place of Business, Druid Hill Av

Address Commissioners of Health & Registrar

~~Medical Attendant~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Richter ~~Mother~~ Father

Board of Health, City of Baltimore,

Permit No. 14304 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th, 3.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis Crisnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* five (5) *Months,* Thirteen (13) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, Six days.

Place of Death, {Give street and number.} No 175 Ramsey St.,

Cause of Death, First (Primary,) Hooping-cough,,

Second (Immediate,) Collapse of Lungs

Duration of Last Sickness, Some days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olive Cemetery

Date of Burial, December 9. 1876

Undertaker, S. Bachrach

Place of Business, 2 Ramsay St.

Emil A. Soldrick, M. D.
Medical Attendant.

Address 15 W. Henry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Laubheimer

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 Canton Avenue

Cause of Death, {First (Primary.) Scarlet Fever. Second (Immediate.) Convulsions.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Heb. Cem.

Date of Burial, Dec. 8

Abram B. Arnold, M. D.
Medical Attendant.

{*Undertaker,* C. Hollander & Son
Place of Business 22 N. Kraft } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14306 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Baro

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 1 N. Wolfe St. near Biddle

Cause of Death, First (Primary,) Carcinoma uteri

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetery

Date of Burial, December 9

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address* 245 E. Baltimore St.

Fleth'em M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Thomas Edward Hunter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 6, *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 41, S. Caroline St

Cause of Death, {First (Primary,) ... Second (Immediate,) Syphilis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 8th 1876

{*Undertaker,* John W. Locks
Place of Business, 69 S. Wolf St

Wm. E. Kunz M. D.
Medical Attendant.

Address Broadway & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12308 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antone J. Beikirch

~~Son~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 231½ Mulberry St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, Two years

All the above Information should be furnished by the Physician.

Place of Burial, H. Ephraims Cem.

Date of Burial, Dec 7 1896

H. C. McSherry M. D.
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 311 N. Henry St *Address* 189 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14309 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr. P. A. M.c Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, M. D.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 906 Fayette St

Cause of Death, {First (Primary,) Rheumatism

Second (Immediate,) Three months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 8 1876

{*Undertaker,* James P. Byrne

{*Place of Business,* No 63 N Front St *Address* 134 N High

S. T. Coyne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 14310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th of December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bartolomé Lerro

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Genoa Italy

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No. 59 President St.

Cause of Death, First (Primary,) General debility

Second (Immediate,) + old age

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, Dec 9th 1876

John Morris *M. D.*
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address* No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14311 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Dizone

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 463 N. Calhoun

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina Maligna Coma

Duration of Last Sickness, 5 days - under my care 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 9th 1876

Undertaker, Chenowith & Bevans

Place of Business, 364 Pa ave

Mabury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 111312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8. Decbr. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorette Barnscheir

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 160 Chrest.

Cause of Death, First (Primary.) Paralysis central.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews burying ground Baltimore M. D.

Date of Burial, 11. Monday Medical Attendant.

Undertaker, Ulrich Schmidt Address 57 Hanover st.

Place of Business, 265 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14313 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 Decbr. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} female E. Hehring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 Years, 8 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 193 E. Monument St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Anaemia at 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 10th/76

Undertaker, Geo. Schilling

Place of Business, Coffins with Monuments *Address* 5 [illegible] St.

Hartmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14314 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Franklin Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Bolton Ave & Hamburg st.

Cause of Death, {First (Primary,) Bendo- membranous Laryngitis

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 9th 1876 J. S. Harrington M. D.
Medical Attendant.

Undertaker, Wm Henry Deery

Place of Business, 269 Light St Address 321 Light- st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14315 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 5 1876 BALTIMORE

Date of Death, 7th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md 40 yrs

Duration of Residence in the City of Baltimore, L. Church

Place of Death, {Give street and number.} Caman

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 8th 76

Undertaker, Cahoon & Lane

Place of Business, 10 Butler St

H. M. Mellard M. D.
Medical Attendant.

Address 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 14316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Eight December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Weber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 21. *Years,* 5. *Months,* 8. *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 119 Vine St

Cause of Death, {First (Primary,) Phthisis pulmonalis
Second (Immediate,)

Duration of Last Sickness, 2-3 Years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, Nov 10th

Undertaker, C. T. Miller

Place of Business, 86 N. Eden St

G. Weber M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14317 • OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fiore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 403 N. Calhoun

Cause of Death, {First (Primary,) Scarlatina, Maligna

{Second (Immediate,) coma

Duration of Last Sickness, 6 days. of which I was in attendance 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, DEC 9th 1876

{*Undertaker,* Chenoweth & Bevans

{*Place of Business,* 364 Pa ave

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore;

Permit No. 14318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry M. R. Watson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore. Lifetime

Place of Death. {Give street and number.} 17 S. High St

Cause of Death, {First (Primary,) Consumption of Lungs.
Second (Immediate,)

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, 10th December 76

Undertaker, Thos. J. Humphrey

Place of Business, 69 E. Balto

S. N. Hanck M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and corr... Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall di... Physician who attended during his or her last sickness, or the Coronor, when the case c... hours after the death to the Undertaker or other person or persons superinten... ame can be ascertained, the full name, sex, age and condition (whether mar... date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 14319

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsibie for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. McMachen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 11 *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Chiefly her entire lifetime

Place of Death, {Give street and number.} 63 Jefferson st

Cause of Death, {First (Primary,) Pelvic Cellulitis / Second (Immediate,)}

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, Dec. 10th 1876.

{Undertaker, Wm. H. Hickman

{Place of Business, 234 N. Gay St,

D Webster Cathell M. D.
Medical Attendant.

Address 12 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14320

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Davis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored -

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 65 years -

Place of Death, {Give street and number.} 188 Dover St.

Cause of Death, {First (Primary,) Uterine Cancer -

Second (Immediate.) " "

Duration of Last Sickness, 4 mos -

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Cem -

Date of Burial, Dec 9th 1876

Undertaker, Wm Sams Grey

Place of Business, 65 Madison St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M Murray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 246 Chesnut St

Cause of Death, First (Primary,) Feeble from birth

Second (Immediate,) Asthenia

Duration of Last Sickness, Entire life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9 1876

Undertaker, [illegible] Duncan

Place of Business, 1[illegible] East St

D Webster Cathell M. D.
Medical Attendant.

Address 12 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 57 N. Canal St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pneumonia

Duration of Last Sickness, 14 Days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 11 1876

Undertaker, Wm A Langan

Place of Business, 104 Eutaw St

J D Jones M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14323

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 7^th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Shaffner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Washington D.C.

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give street and number.} 3 Randall St.

Cause of Death, {First (Primary,) Angina Pectoris

Second (Immediate,) 1 hour

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem.

Date of Burial, Dec 10 1876

Undertaker, Chas F. Herdt

Place of Business, 161 Hanover St

R. C. Lee M. D.
Medical Attendant.

Address N.W. cor. Eutaw & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...e of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Meehan or Mahon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not known

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Basin foot of Gilbert St

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Dec 8

Undertaker, Charles Stamper

Place of Business, Pratt & Chester Sts

Edmund Rowan M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Edward Johns

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 25 *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1-9-25.

Place of Death, {Give street and number.} 75 Moores alley

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Abscess & Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9. 1916

Undertaker, John. C. Jordon

Place of Business, 63. Park. Ave

A. Winslow, M. D.
Medical Attendant.

Address 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Wilhelmina Kalsen (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 Months ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89½ E. Lombard St

Cause of Death, {First (Primary,) ... Asthenia
Second (Immediate,) ...}

Duration of Last Sickness, Left

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 9 1876

Undertaker, Chas Rossing

Place of Business, 8 Fayette St

~~Medical Attendant.~~ M. D.

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases of births and deaths of illegitimate children.~~

Information by Sarah Casher Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, — — December 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Weber

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lot near cor of Patterson Ave & Fremont

Cause of Death, First (Primary,) Burns -

Second (Immediate,)

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Chas Fawcett M. D.

Date of Burial, Dec 10th 1876 Medical Attendant.

Undertaker, Conrad Heter

Place of Business, 231 Henrietta St *Address* 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14328 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th December 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert (Infant)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 weeks ~~Years~~, ~~Months~~, ~~Days~~

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Home of The Friendless.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Infantile Marasmus —

Duration of Last Sickness, about Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, ~~Lot~~ Saint Paul's Grave yard ~~Sec~~

Date of Burial, Dec 9th 1876

Undertaker, Jacob Weaver

Place of Business, No 446 Druid Hill Avenue

M C Van Bibber M. D.
by Jno Van Bibber Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenah Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 0 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 S Broadway

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Pratt Cemetery

Date of Burial, Dec. 10th 1896

Frank R Arnold M.D.
Medical Attendant.

Undertaker, Henry Synder

Place of Business, 162 Caroline St

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shanetts

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath, County

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 58 Pine St

Cause of Death, First (Primary,) Chronic Enteritis

Second (Immediate,) "

Duration of Last Sickness, 6 months "

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Thomas Opie M. D.

Date of Burial, Dec 11th 1876 Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 W. Baltimore St *Address* 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orlilda. H. C. Doebereiner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Harrison St

Cause of Death, {First (Primary,) ... Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 10th 1876

Undertaker, H. Froehlich

Place of Business, Eastern Ave.

M. D.

~~Medical Attendant.~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by John C. Doebereiner Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balto. Infirmary

Cause of Death, { First (Primary,) Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 16th 1876

{ *Undertaker,* W.W. Lenken & Co

{ *Place of Business,* 16 Light St.

J. G. Wilkins M. D.
Medical Attendant.

Address 370 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 = 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Hillen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 334 S. Sharp St

Cause of Death, {First (Primary,) Phthisis & Nervous Headache

Second (Immediate,)

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Dec 11 1875

F. W. Hillen M. D.
Medical Attendant.

{*Undertaker,* Julius Hoehler *Address* 121 N. Howard St

{*Place of Business,* Cor Sharp & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida G. Williams

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 169 Gist St

Cause of Death, {First (Primary,) — Scarlet Fever —

Second (Immediate,)

Duration of Last Sickness, — Nine days —

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, December 10th 1876

Undertaker, H M Grossmyer

Place of Business, 341 Eastern Ave

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Matthias

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Glazier

Birthplace, {State or country; and how long in the United States, if of foreign birth} Kalwerid, Russia - Poland.

Duration of Residence in the City of Baltimore. 8 1/2 years.

Place of Death, {Give street and number} 81 Granby Str.

Cause of Death, {First (Primary,) Tuberculosis of Lungs
Second (Immediate,) do — & Hemorrhage.

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician

Place of Burial, Hebrew Cemetery

Date of Burial, Dec 10th at 2 P.M.

H. C. Dorsey, M. D.,
Medical Attendant.

Undertaker, W. Max. 37 Harrison St

Place of Business, 37 Harrison St *Address* 86 E. Fayette. Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14336

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie P. Murphy.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* - *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 Columbia St.

Cause of Death, {First (Primary,) Scarlet Fever,
Second (Immediate,)}

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 10th 1876

{*Undertaker,* John S Mosher
Place of Business, No 150 Camden

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Frizzell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 171 Dolphin Street.

Cause of Death, First (Primary,) Pulmonary Consumption,

Second (Immediate,)

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec, 10, 1876.

Harry L Byrne M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St. *Address* 139 Arlington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Knell,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 699 West Lombard Street

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give street and number.} 699 West Lombard St

Cause of Death, {First (Primary,) Dysphtheritic Croup

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsos Burial ground

Date of Burial, Dec 10th 1876

Undertaker, Andrew Knell

Place of Business,

D. G. Linthicum M. D.
Medical Attendant.

Address 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14339 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Luisa Pack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 8 *Days.*

Color, Mul

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chapel Dr

Duration of Residence in the City of Baltimore, 5 yrs 8 mos

Place of Death, {Give street and number.} 18 McCubbin St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 11

Undertaker, William A Duggan

Place of Business, 1004 East St

T Goralle *M. D.*

Medical Attendant.

Address 8 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

Board of Health, City of Baltimore,

Permit No. 14340 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Bose

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Native of Baltimore Md

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 360 N Howard St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)}

Duration of Last Sickness, Four Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10th 1876

Undertaker, Wm H Bishop Jr

Place of Business, 103 Druid Lane

W W Antrim M. D.
Medical Attendant.

Address 192 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 143411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli P Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chester County Pennsylvania

Duration of Residence in the City of Baltimore, Home 30 years

Place of Death, {Give street and number.} 34 South Carrollton Ave

Cause of Death, First (Primary.) Brights Disease of Kidneys

Second (Immediate.)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 7th

Undertaker, Jno M Leonard Son

Place of Business, 752 Baltimore St

Samuel Enterline M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hilton Edward Tillett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 11 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 29 Brune Street

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1876

Undertaker, Fox, Loane

Place of Business, 568 W. Baltimore St *Address* 47 Edmondson Ave

J. S. Tillett M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Virginia Hihn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, Months, Days.

Color, White, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 294 S. Bond St.

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, December 12th 1876.

{ *Undertaker,* Leonhard Kurz

{ *Place of Business,* 5 Bondstreet 2277.

Theodor Cushing M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wenderline Doer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Franklin street

Cause of Death, {First (Primary.) Diphtheria / Second (Immediate.)}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 11th 1876

Undertaker, Conrad Hunter

Place of Business, 66 Park st

A. Darby *M. D.*
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Lynch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 11 years

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Green Mount Ave & John St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 12th 1876

Undertaker, Jas P. Byrne

Place of Business, Front St

Address Commissioners of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by undertaker

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 8.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Named Maggie Thomas Bishop (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Girl

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 341 S. Bond St.

Cause of Death, First (Primary,) Cyanosis from faulty heart

Second (Immediate,) ____

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bolla Cemetery

Date of Burial, Dec 11th 1876

Undertaker, Wm Fry

Place of Business, Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Tyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waggoner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 59 Woodyear St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 12 Dec 1876

Undertaker, Samuel Webster

Place of Business, 1[illegible] Aisquith st

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Dignan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland & 28 years in U.S.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Corner Federal & Decker

Cause of Death, {First (Primary,) Intemperance & Exposure; Second (Immediate,) Congestion of Lungs probably}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Dec 12, 1896

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Edmund Walker M. D.

~~Medical Attendant.~~

Address Corner Fed & P.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14349 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. M. Cooker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2E. South. Collington Avenue.

Cause of Death, {First (Primary,) Scarlatina: Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem *Thos. L. Patrick* M. D.

Date of Burial, Nov 11th 1876 Medical Attendant.

Undertaker, M A Dages

Place of Business, 945 Broadway *Address* E. S. Collington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Jr son Steve,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} 192 S. Washington st.

Cause of Death, First (Primary,) Congestion Chill,

Second (Immediate,) Convulsions,

Duration of Last Sickness, Ten hours.

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Y. Phil. Md

Date of Burial, Dec. 12, 1876

Undertaker, M. A. Daiger

Place of Business, 74 S Broadway

C. Glanville Rusk M. D.

Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dasie May Jenkins.

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrison St. Baltimore City

Duration of Residence in the City of Baltimore. From birth

Place of Death, {Give street and number.} Patapsco St.

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,) " "

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Dec 11 1876

Undertaker, Wm Fry

Place of Business, 54 E. Broadway

D. H. Martin — *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14352,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elesabeth E. Philpot.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60. Years, 11 Months, 7 Days.

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Seven years

Duration of Residence in the City of Baltimore, 262. Mulberry.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Hepatitis

Second (Immediate,) Infl. of Bloodvessels

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Louis L. Horn M. D.

Date of Burial, Dec 10 Medical Attendant.

Undertaker, Wm. H. Leonard & Son

Place of Business, 782 W. Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarisa Newberry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, about 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Shackbinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 13 Chintan St. near Franklin.

Cause of Death, First (Primary,) Burn (clothes caught fire & burned off, about 4/5 of surface burned.

Second (Immediate,) Shock from the burns,

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11 Dec

Undertaker, P. Kimmel.

Place of Business, 311 Mulberry St

H. K. Fetterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. F. N. Rolfe

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 54 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clergyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 160 Lanvale St

Cause of Death, First (Primary,) Tuberculous Laryngitis

Second (Immediate,)

Duration of Last Sickness, — months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 12 Dec 1876

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St.

Richd McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Armistead.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* 29 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Henry County. Va.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 223 N. Charles St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Bronchial Consumption.

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg - Va

Date of Burial, 12 Dec - 1876

{*Undertaker,* H.W. Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 623

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Roberson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington Del

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Dallas St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 11th 1876

Undertaker, Chas Sheeper

Place of Business, Pratt & Chuck Sts

Address Commissioners of Health

M. D.

~~Medical Attendant.~~ Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14357

The Physician who attended any person in a [illegible] ...sible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintend... within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keys

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 5 Wagon Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} unknown but conceded to have been Natural Causes—

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, H-Pub Cemetery

Date of Burial, Dec 11th 1876

Undertaker, H. H. C. Perry

Place of Business, Pratt St

M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt Leposon Western P. Station

Board of Health, City of Baltimore,

Permit No. 14358 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 1 Stockton Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 11th 1876

Undertaker, [illegible] Booth

Place of Business, No 707 N Baltimore street

Chas Mueff M. D.
Medical Attendant.

Address 306 N Hazel Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard E. A. Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 10 *Months,* 26 *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Colleton S. Car.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 8 Parish bet Pratt & Cit

Cause of Death, {First (Primary,) Congestion of the Lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, ~~1 day~~ 4 days (Dr)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12th 1876

Undertaker, J. R. Lemmon

Place of Business, No 767 W. Baltimore st

B. Whitehurst M. D.
Medical Attendant.

Address 115 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bachman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 25 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 Columbia Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 11th 76

Undertaker, Phil. J. Dill

Place of Business, 193 Columbia Ave

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Lewis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 weeks. ~~Days.~~

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 167 Chestnut st

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) 1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Peters Cem

Date of Burial, Dec 10. 76

Undertaker, John J Rodenmayer

Place of Business, Cor Fremont ave & Monument St *Address* 95 E. Baltimore st

L N. Hack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Stopf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty two *Years,* Ten *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria (Europe)

Duration of Residence in the City of Baltimore, Twenty-two Years

Place of Death; {Give street and number.} No 544 N Paca St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, About 1 Month

All the above information should be furnished by the Physician

Place of Burial, A. M. C. Md

Date of Burial, Dec 12th 1876

Undertaker, Wm J. Tickner

Place of Business, 68 S. Eutaw St *Address* 87 Mulberry St

D. L. Rice — *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Isabella Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about two *Years,* *Months,* *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 71 East St Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 9 Mulberry Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11 1876

Undertaker, Wm A Burgess

Place of Business, 104 Eutaw

Geo H Wayson M. D.
Medical Attendant.

Address 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 2 *Months,* ~~ ~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. All her life

Place of Death, {Give street and number.} 399 Franklin

Cause of Death, {First (Primary,) Scarlatina Malegna

Second (immediate,) Septicaemia

Duration of Last Sickness, 4 & hours

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 11th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave

H. H. Kane M. D.
Medical Attendant.

Address 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty three Years, Months, Days.

Color, White, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} No 113 Chapel St.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec 12 th

Nicholas J. Bissett, M. D.
Medical Attendant.

Undertaker, A. C. Middleton

Place of Business, 70 Guilford Ave *Address* 217 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 625

[OVER.

Board of Health, City of Baltimore,

Permit No. 14316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvis Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 6 *Months,* *Days.*

Color, Dark brown *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} One of Lower Counties

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} No 4 Delaplaine Row

Cause of Death, First (Primary,) Bad Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, Dec. 13th.

Undertaker, Geo. Saffran.

Place of Business, 191 Baltimore

Street

T. F. Buchanan M. D.

Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14867

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Black.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 8 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} State of Pa.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 8 Meher el.

Cause of Death, {First (Primary.) Phthisis. / Second (Immediate.)}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Pa

Date of Burial, Dec 12th 1876

J. E. Harrington *M. D.*
Medical Attendant.

{*Undertaker,* H Brill / *Place of Business,* Fennetts St. 81}

Address 321 Light el.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 6 24

[OVER.]

...ard of Health, City of Baltimore.

Permit No. 14368 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Droik

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 94 Franklin street

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home

Date of Burial, Dec 12th 1876

Undertaker, Conrad Hurtel

Place of Business, 61 Market st

H Darling M. D.
Medical Attendant.

Address 143 ~~Franklin~~ Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Road near R. Road crossing

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 12 1876

Chas M. Neff M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St, *Address* 326 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Allan Mathews Hall~~ Dec 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allan Mathews Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Dark *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 117 Chestnut St.

Cause of Death, First (Primary,) Consumption of Lungs.

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12 1876

Undertaker, Wm H Dungan

Place of Business, No 104 East St

E. M. Gordon *M. D.*
Medical Attendant.

Address 166. Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 14371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs James Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 21 Leighton St

Cause of Death, {First (Primary,) ... Unknown but natural cause

{Second (Immediate,) Jaundice

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12 1876

{*Undertaker,* Wm J Runyan

{*Place of Business,* No 104 east st

Signature of Medical Attendant. *M. D.*

Medical Attendant.

Address Carroll n. Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th " 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Freems.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Accomac Co. Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 20 China St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Typhoid Fever

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 12th 1876

R. H. Tall M. D.
Medical Attendant.

Undertaker, Charles Koehler

Place of Business, Cor Sharp & Cross sts

Address 158 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14373

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Ruth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 60 S. Castle St.

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Hollins.

Date of Burial, 13 Dec. 80 Glen

{*Undertaker,* John Braun

Place of Business, 72 Wolf.

Dr. J. Gatty M. D.

Medical Attendant.

Address 9 Hill Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ambrose Cannon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 312 Aisquith N.

Cause of Death, {First (Primary.) Typhoid Fever. Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 12th 1876

Undertaker, Wm. H. Higbman *Address* S.W. Colvin & Redmon

Place of Business, 234 N. Gay St

John F. Monumeir M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H & Laura M. Reed Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 167 S. Green St

Cause of Death, {First (Primary.) / Second (Immediate.)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12 1876

Undertaker, John C Mackie

Place of Business, 174 Pacca St

M. D.
Medical Attendant

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Furnished by Undertaker

[OVER.]

KODAK SAF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Seales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, 7 Days.

Color, Brown

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 133 Hill St.

Cause of Death, {First (Primary,) Pneumnia
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 39 N. Chapel St.

Cause of Death, First (Primary,) Diptheritic Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two days.

All the above Information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Dec 13 1876

Undertaker, Himpsl

Place of Business, 54 N Broadway

G. Glanville Jno D M. D.
Medical Attendant.

Address Balt. & Hart. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of stillbirths and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Bodowsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 423 W Pratt St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem J G Womble M. D.

Date of Burial, Dec 12th 1916 Medical Attendant.

Undertaker, Geo Leimbach *Address* 201 N Eutaw

Place of Business, 389 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Stark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 54 S Penn Avenue

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 12th 1876

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave

Geo. W. Griffith *M. D.*
Medical Attendant.

Address Green & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14380 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th Dec. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Spilman.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Twenty *Years,* ——— *Months,* eighteen *Days.*

Color, white *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, His life.

Place of Death, {Give street and number.} No. 372 Mulberry St.

Cause of Death, First (Primary,) Gastritis, (Cause, not clearly indicated.)

Second (Immediate,) Asthenia.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, December 12th 1876

Charles A. Geiger, M. D.
Medical Attendant.

Undertaker, John Schultheis

Place of Business, 159½ Mulberry St. Address No 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 11381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1874

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joseph Barry

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Actor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 44 Rock St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 13

Undertaker, J B Crook

Place of Business, 707 W Balto St

J. Shelton Hill M. D.
Medical Attendant.

Address 432 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah. S. Clayton.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23. *Days.*

Color, White.

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 N. Schroeder Ave.

Cause of Death, First (Primary,) Debilitied,

Second (Immediate,) Convulsions.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 12

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

John. L. A. Shipley M. D.,
Medical Attendant.

Address City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Peter Halstrum,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, {First (Primary,) Intemperance} {Second (Immediate,) Inanition}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, 14 Dec, 13

Undertaker, H a Dager

Place of Business, 74 S Bond

A L Wolfe *M. D.*
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nauiman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila Penna

Duration of Residence in the City of Baltimore. * 34 years

Place of Death, {Give street and number.} * 399 E. Chase St.

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.) Exhaustion

Duration of Last Sickness, * 15 or 20 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 14 1876

Undertaker, M a Daufe

Place of Business, 745 Bay

A. Hartman & Son M. D.'s
Medical Attendant.

Address * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizth Forbes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Three *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Williamson Alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 12th 1876

Undertaker, M. H. C Perry

Place of Business, Pratt St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Grape

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary.) Paraplegia / Second (Immediate.) Asthenia}

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 13th

Undertaker, H Carter Sons

Place of Business, 1607 E Balto St

T A Ashby *M. D.* Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4387 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Dunn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 9 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give street and number.} Hulls sh. N. Railroad L. Pk

Cause of Death, First (Primary,) a Scarlatina

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, 12

Undertaker, McClarke & Son

Place of Business, 614 E Balt St.

J. J. Dawson M.D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14388

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John David De Haven

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Five Days ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 89 N. Caroline St.

Cause of Death, First (Primary,) Malformation

Second (Immediate,) Convulsions

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 12th 1876

Undertaker, H. Hitchler

Place of Business, 211 E. Lombard St.

Wm H. Chudiun M. D.
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11. Decbr. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Therese Albers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Corn. Belair ave & Biddle

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. Ty

Date of Burial, 13 December

Undertaker, Adam Fink

Place of Business, 461 N. Eutaw St.

Geo. H. Hoffman M. D.
Medical Attendant.

Address 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. C. Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wheeling West Va

Duration of Residence in the City of Baltimore, About five months

Place of Death, {Give street and number.} 198 Mosher St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Bonaventure Co Pa

Date of Burial, Dec. 13 1876

Undertaker, Armstrong & Conroy

Place of Business, 263 Light St

Elias C Price M.D.
Medical Attendant.

Address 762 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 628

[OVER.]

...ow, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Heulich,

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Maryland.

Duration of Residence in the City of Baltimore. From birth.

Place of Death, {Give street and number.} No 285 Lemid Hall Avenue,

Cause of Death, First (Primary,) Scarlatina,
Second (Immediate.) Congestion of the lungs,

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery John Morris *M. D.*

Date of Burial, Dec 13 1876 Medical Attendant.

Undertaker, Jas P Byrne *Address* No. 5 Franklin St.

Place of Business, 63 Fronts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10 12 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry August Bensdau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cuba

Duration of Residence in the City of Baltimore, 10 yr 1 mo. 14 d

Place of Death, {Give street and number.} Eutaw st 289

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 13 th 1876

Undertaker, J H Cook

Place of Business No 704 W Baltimore Street

Died Entuhin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 14393 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 94 Franklin street

Cause of Death, {First (Primary,) ..... Diphtheria
Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 13

Undertaker, Edwd Kunkle

Place of Business, 10 Park st

A Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 143914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 Xber 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Mangle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* 5 *Months,* 12 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, labor man

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wexford (Ireland) in this country over 20 years

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} Home for the aged corner of John and Eutaw Sts

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate,)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Xber 13th

Undertaker, Henry Schultheis

Place of Business, Monument & Eden

Jno Buckler M. D.
Medical Attendant.

Address 166 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tammy Lee Snyder

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 weeks, *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [redacted] Single

Occupation, Has none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 weeks.

Place of Death, {Give street and number.} 110 Columbia Ave

Cause of Death, First (Primary,) Pneumonia Lobular

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 days,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. T. Wilhite M. D.

Medical Attendant.

Date of Burial, Dec 13th 1876

Undertaker, F. N. Troll

Place of Business, 90 S Howard *Address* No 169 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest Sefton.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Six & 9 mos *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Carriage Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick County.

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 384 Orleans St.

Cause of Death, { First (Primary,) Heart Disease. / Second (Immediate,) }

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, Dec 13th 1876

N. C. Ireland M. D.
Medical Attendant.

{ *Undertaker,* Mowry & Co
{ *Place of Business,* 396 Orleans St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

Date of Death, Dec 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Buchman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 15 E. Pratt St.

Cause of Death, {First (Primary.) Congestion of the Lung
Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Methodist Church Cemetery

Date of Burial, Dec 13 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Abram B Arnold M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 14398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Gynn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 0 *Years,* 3 *Months,* ..... *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, ~~0~~ 28 years

Place of Death, {Give street and number.} Forest 27

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Apoplexy

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Loudon Cemetery

Date of Burial, Dec. 13th 1876

Undertaker, Wm. H. Hutchinson

Place of Business, 234 N. Gay St.

E. L. Baldwin M. D.
Medical Attendant.

Address 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura May Johnes

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 356 Orleans St.

Cause of Death, {First (Primary,) Tuberculosis

{Second (Immediate.)

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th 1876

Undertaker, A. Stöber

Place of Business, 246 E. Lombard St

C. S. Mahon, M. D.
Medical Attendant.

Address 131 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 144404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
13
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry P. Duhurst.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation, President Fireman's Insurance Co.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 1 N. Bond St.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, December 15th " 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St " *Address* 95 E. Baltimore St.

L. H. Hoke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 3 years

Place of Death, {Give street and number.} 163 Montgomery St

Cause of Death. {First (Primary.) {Second (Immediate,)} Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore [illegible]

Date of Burial, Dec 14. 1876

Undertaker, Charles F. Hearne

Place of Business, 161 Hanover St

Theodore Cook *M. D.*
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne B. Atwood

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Chester County Pa.

Duration of Residence in the City of Baltimore, Abt two years

Place of Death, {Give street and number.} 465 N Fremont St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Enteritis Chronic

Duration of Last Sickness, Abt 18 months has been Suffering

All the above information should be furnished by the Physician

Place of Burial, Chester County Pa

Date of Burial, December 13th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 6 30

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144 03

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hogan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 4 Years State Prison

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemmorage

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, C Clements

Date of Burial, Dec 14th

Undertaker, Charles Strum.

Place of Business, Pratt & Chester

J B Boyle M. D.
Medical Attendant.

Address 166 Eager st

Wm Dickerson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144 04

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Marie Stuart —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Sex. —

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 51 Mulberry St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral cemetery

Date of Burial, December 13th

Undertaker, Mr Jenkins

Place of Business, Light St.

F. E. Shatard Jr. M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of ...alth, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May McQuade

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 180 S. Eden st

Cause of Death, {First (Primary,) Second (Immediate,)} Exposure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 13 1876

Undertaker, M C Washington

Place of Business, X

M. D.

~~Medical Attendant~~

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Wilson Sumner Davidge

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color, Wh

~~*Married,*~~ *Single, Widow or Widower.* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. 1 9/12 yrs

Place of Death, {Give street and number.} 234 Orie

Cause of Death, {First (Primary.) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 14th 1876

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

L. M. Wachsmuth M. D.
Medical Attendant.

Address 234 Orie

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

Date of Death, Tuesday December 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Hayes

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 27 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Drummigtown (E. Shore of Virginia)

Duration of Residence in the City of Baltimore, three Years

Place of Death, {Give street and number.} 55 Davis St

Cause of Death, {First (Primary,) Albuminuria, Second (Immediate,) Uraemic poisoning

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1876

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

E. Shelen M. D.
Medical Attendant.

Address 54 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Warner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Horse Doctor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} City Jail

Cause of Death, First (Primary,)

Second (Immediate,) Intemperance

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Dec 13 1876

Undertaker, Chas. Streeper

Place of Business, Pratt St

J. W. Hoeck M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Ellen Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 3 Carlton St. Near Baltimore St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Street

Date of Burial, Dec 13th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St. *Address* 538 W Baltimore St

I. Ruff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14410

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

Date of Death, December 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Ann Rainsford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 1 Clark Alley or Street.

Cause of Death, First (Primary,) Marasmus tabe

Second (Immediate.) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 14th 1876

Undertaker, Wm. H. Hickman *Address* 77 N. Eutaw St.

Place of Business, 234 Gay St.

J. J. Litzer M. D.
J. Lepp M. D.
Medical Attendants

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

Date of Death, Dec^m 12^th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* One *Months,* Seven *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Two Weeks

Place of Death, {Give street and number.} S. S. Duncan Alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebb's Fact.

Date of Burial, 14th 10 Oclock

Undertaker, Peter Brennan

Place of Business, 44 Alley St.

D. C. Ireland M. D.
(Medical) Attendant.

Coroner E. Dirk

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Robert Woolley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 2 State St court

Cause of Death, {First (Primary,) ... Pneumonia / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14 1876

Undertaker, John C Jordan

Place of Business, 63 Park Ave

Chas H Miller M. D.
Medical Attendant.

Address 26 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

Date of Death, Dec 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Washington Road

Cause of Death, {First (Primary,)} Chronic Arthritis & left Knee - with Periostitis of femur

{Second (Immediate,)} Pyaemia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetry

Date of Burial, Dec. 14th. 1876

Undertaker, Adam Midomeyer

Place of Business, 518½ W. Baltimore St.

W. H. Leguelen M.D.
Medical Attendant.

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Wilde

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 73 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~ Photographer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Quincy Mass.

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} 465 W. Baltimore St

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,) —

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemty

Date of Burial, Dec. 14. 1876

Edwd. F. Michael M. D.
Medical Attendant.

Undertaker, A Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thos. Hoyland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bald Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 272 McDonogh St

Cause of Death, {First (Primary,) artificial Nursing

Second (Immediate,) Chol Infantum

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1876

Undertaker, W. N. Dunger

Place of Business, East St

Address Commiss of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophia Nicholson 272 McDonogh St

[over]

Board of Health, City of Baltimore,

Permit No. 14416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza L Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 224 Conway St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Pulmonary hemorrhage

Second (Immediate,) Phthisis

Duration of Last Sickness, Nor Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 14th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address* 201 Mad Ave

H M Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 14417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo E Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Messenger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 33 Warner St

Cause of Death, {First (Primary.) / Second (Immediate.)} Typhoid Fever

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 15th 1876

Undertaker, John S Mackie

Place of Business, No 150 Camden

J Hanny *M. D.*
Medical Attendant.

Address 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 114418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thirteenth December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F Fairbank

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Five *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 262 Chew st

Cause of Death, {First (Primary,) Scarlet fever; Second (Immediate,) Anemia

Duration of Last Sickness, Five days

All the above Information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 15 th 1876

{*Undertaker,* Haughs & Co
Place of Business, 65 S Broadway

A Hartman *M. D.*
Medical Attendant.

Address # 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hartman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* 4 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 230 3 S. Saratoga St

Cause of Death, { First (Primary,) } Phthisis Pulmonalis

{ Second (Immediate.) }

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, 15 Dec

{ *Undertaker,* S. Kimmel

{ *Place of Business,* 311 Whitelock

D. G. Wormley *M. D.*

Medical Attendant.

Address 203 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 17424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

Date of Death, Dec 14. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Samuel Wheeler

~~Sex,~~ *Male or* ~~*Female,*~~ {Erase the word not required in this line.}

Age, 74 *Years,* —— *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Erase the word not required in this line.}

Occupation, Ladies Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, {Give street and number.} 47 N Bremont st

Cause of Death, {First (Primary,) Age

Second (Immediate,) Debility

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 16th

{*Undertaker,* Wm. H. Leonard & Son

{*Place of Business,* 782 W. Baltimore st Address 347 Park Ave

Dell Eastman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 14421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minerva Rothchild

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmer & Prestman

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthysis Palmonalis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 14

Undertaker, C H Blizzard

Place of Business, 201 Penn av

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Oliver –

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *3 Months,* *6 Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore –

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 294 Robey St

Cause of Death, {First (Primary.) Marasmus – / Second (Immediate.)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1876

{*Undertaker,* W. T. Lange / *Place of Business,* 114 East Shut}

W. C. Regester M.D.
Medical Attendant.

Address 17 N Calhoun St –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Nelson

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} No 8 Peach Alley

Cause of Death, First (Primary,) Exposure

Second (immediate,) Pneumonia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, December 14

Undertaker, [illegible]

Place of Business, [illegible]

J. D. Dyer *M. D.*

Medical Attendant.

Address No 1414 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec., 18th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V. Roberts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9. *Months,* *Days.*

Color, white *Sex,* female

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 Dallas st N.

Cause of Death, {First (Primary,) Inflammation of Kidneys. Second (Immediate,) Pneumonia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial, Dec 15/76

Undertaker, Apple

Place of Business, 571 N Broadway

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Hartford ave & Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...TIONS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1916 BALTIMORE

Date of Death, Dec 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin J. Ryan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ½ *Years,* 1 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 90 Lee St

Cause of Death, {First (Primary.) Meningitis
Second (Immediate.)}

Duration of Last Sickness, about 12 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 15th 1876

Undertaker, C. H. Krause

Place of Business, 209 Hanover St Address 154 Hanover

D. Ellenbow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Dec. 14th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* ... *Months,* ... 14 *Days.*

Color, colored. 7

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 4 Bradford St.

Cause of Death, {First (Primary,)} Bronchial catarrh

{Second (Immediate,)} Convulsions

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Locust Point

Date of Burial, Dec 15th 1876

Undertaker, John W. Locke

Place of Business, Wolf St

G. Glanville Smith M.D.
Medical Attendant.

Address 1 Balt. & Pat. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14427

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mary Gen

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, ... White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria (Germanie)

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home of the aged Corner of John and Eutaw sts

Cause of Death, {First (Primary,) Old age / Second (Immediate,) General debility}

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonse Cemetery

Date of Burial, December 16 1876

Undertaker, Shutthers

Place of Business, 5 Monument st. 261

Jno Burke Byrne M. D.
Medical Attendant.

Address 164 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th Dec 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Grindrod

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 353 Franklin St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 353 Franklin St

Cause of Death, {First (Primary,) Dysentery of three days from Exhaustion

Second (Immediate,)

Duration of Last Sickness, 4 days & 3 nights

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 15

{*Undertaker,* Wehrheizer

Place of Business, 262 Pennsylvania Ave

Address 183 Fayette St

W. H. Cunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

...e of Death, Dec 14th 1876

...l Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edl Price

... Male ~~or Female~~, {Cross out the word not required in this line.}

... Years, 5 Months, ... Days.

...r, Col'd

...ried, Single, Widow or Widower, {Cross out the words not required in this line.} Illegitimate

...ation,

...place, {State or country (and how long in the United States, if of foreign birth.)} Balto St

...ation of Residence in the City of Baltimore, Life

...ce of Death, {Give street and number.} Stockton alley near Edmondson Ave

...use of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

...n of Last Sickness, 4 days

{The above information should be furnished by the Physician.}

...e of Burial, Laurel Cemetery

...of Burial, Dec 15th 1876

...dertaker, W. I. Gray

...ace of Business, Mulberry

M. D.

~~Medical Attendant.~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...n forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...d the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Mary Price Mother

[OVER.]

...ING BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bryan P MacMahon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 627 S Central Avenue

Cause of Death, First (Primary,) Malignant Scarlet Fever x Sore Throat

Second (Immediate,)

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 15 1876

Undertaker, James H Byrne

Place of Business, No 63 N Front St

I Ridgway Dulin M. D.
Medical Attendant.

Address No 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Flanney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* One *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 118 Townsend St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters cemetery

Date of Burial, Dec 15th 1876

Undertaker, C C B Cook

Place of Business, No 707 W. Baltimore Street

Richd McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ark of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Eugenia Port

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 00 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 112 Lamade St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hydrocephalus Internus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 15th 1876

E. A. Shaw M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 446 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

Permit No. 14433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Armstrong Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 / *Years,* 11 *Months,* 5 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 years Continually before her death

Place of Death, {Give street and number.} No 397 Park Avenue near McMechen

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion from same

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, December 16th

H. Carey Thomas M. D.
Medical Attendant.

Undertaker, R. Hancocksons

Place of Business, No 92 N. Howard Address 317 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE DEC 16 1876

Permit No. 14434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15 - 1876 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethelle Norton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years* ——— 3 *Months,* ——— 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cockeysville, Md.

Duration of Residence in the City of Baltimore, 2 months —

Place of Death, {Give street and number.} 313 Myrtle Ave.

Cause of Death, First (Primary,) Scarlet Fever —

Second (Immediate,) Uremic Poisoning —

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. John J. King M. D.

Date of Burial, Dec 16th 1876 Medical Attendant.

Undertaker, Thos. J. Wright *Address* Edmondson Ave

Place of Business, 11 E Balto West of Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE DEC 16 1876

Permit No. 14435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathalie Eaton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 80 Franklin St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Gr Mt Cemetery

Date of Burial, 16th Dec 1876

Undertaker, A. J. M. Jenkins & Son

Place of Business, 16 Light St

Rufus Beckte M. D.
Medical Attendant.

Address 135 St Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT BALTIMORE DEC 15 1876

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th December, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Alice Leipas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States.

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} NW Corner St Paul's & Madison

Cause of Death, First (Primary,) Bright's Disease (Acute)

Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charleston S. C.

Date of Burial, Dec. 15th 1876

Undertaker, H. H. Jenkins Son

Place of Business, 16 Light St

Hon. P. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 631)

[OVER.

...DISEASES, due to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

Permit No. 14437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel F Finn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 811 Hollidays st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 17th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Geo. B. Reynolds *M. D.*
Medical Attendant.

Address 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

Permit No. 14438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel ~~Dorsey~~ Washington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* — *Months,* 12 *Days.*

Color, Black *Sex,* M

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Workman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia — London Co

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} 33 Little Monument St.

Cause of Death, {First (Primary,)} Scarlet Fever.

{Second (Immediate,)} Pneumonia

Duration of Last Sickness, about four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 15th 1876

Undertaker, Wm Power Gray

Place of Business, 65 Whitley St

Dr H. P. Thompson M. D.
Medical Attendant.

Address 95 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Shaw Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 120 Gough St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) —

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md E. P. Sons M. D.

Date of Burial, Dec. 11th 1876 Medical Attendant.

Undertaker, M. A. Daiger *Address* 406 E. Balto. St.

Place of Business, S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mat V. Dulaney

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, *Years,* 15 *Months,* 12 *Days.*

Color, White *Sex,* ~~Female~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pupil

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 Division St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate.)} Cerebral Effusion

Duration of Last Sickness, 36 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 16-10 am.

{*Undertaker,* A H Blizzard

{*Place of Business,* Penna ave & Fulton St

H. P. Hatton M. D.

Medical Attendant.

Address 248 Hudson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Martin

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 43 N. Chapel St

Cause of Death, {First (Primary,) ... Second (Immediate,) Convulsion

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 16th 1876

Undertaker, John Braun

Place of Business, Wash St

Address Commrs of Health

M. D.

~~Medical Attendant~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by undertaker

[OVER.]

...ocesses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. M. Millard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New York city

Duration of Residence in the City of Baltimore, only a days

Place of Death, { Give street and number. } N. Calvert St

Cause of Death, { First (Primary,) Intemperance

Second (Immediate,) Gastritis not diarrhoeal

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Pittsburgh Pa A. A Thomson M. D.

Date of Burial, " Medical Attendant.

Undertaker, Stewart & Thomson *Address* 59 N. Charles St

Place of Business, 35 Park ave Bay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit (132)

...certificate.

Board of Health, City of Baltimore, 14443

Permit No. 14443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Linger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, {First (Primary,) Val Dis of Heart; Second (Immediate.) Apnoea}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Louisville Cemetery

Date of Burial, Dec 15th 1876

Undertaker, Wm. D Grey

Place of Business, 65 Mulberry St

T A Ashby M.D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

...ow. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fisk Morfit

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Eight *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 Yrs & 8 Mos

Place of Death, {Give street and number.} 84 E Baltimore St

Cause of Death, First (Primary,) Scarlatina Anginosa -

Second (Immediate,) Sterms Exhaustion

Duration of Last Sickness, Thirteen days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 16th Dec 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Hy W Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Smith

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Twenty three *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont know

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) consumption

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, C P Cemetery

Date of Burial, Dec 17th 1896

Undertaker, Charles Strayer

Place of Business, Pratt & Charles sts

J K Boyle M. D.
Medical Attendant.

Address 166 East Eager st

per W. J. Dickerson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Peter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Associate Editor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Hollins st

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Sun Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem

Date of Burial, Dec 16th 1876

Undertaker, Hughes & Co

Place of Business, 850 Fayett

J. W. McClenahan M. D.
Medical Attendant.

Address 121 W. Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, December 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen G. Reese

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 53 N. Fremont St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 18th 1876

Benjn. Whitley M. D.
" "
Medical Attendant.

Undertaker, Wm Lowe

Place of Business, 568 W. Balto St *Address* 309 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is Certificate.

Board of Health, City of Baltimore,

Permit No. 144148 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Parker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Val Dis of Heart

Second (Immediate,) Apnoea

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, W. Public Feild

Date of Burial, Dec 16

Undertaker, M. H.C. Perry

Place of Business, 448 W. Pratt St

T. A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou. Frederick 1 12 days

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 ~~Years~~ Year *Months,* 12 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 1 year 12 days

Place of Death, {Give street and number.} 27 South St

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 17, 1876

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

A. J. Spelman M. D.
Medical Attendant.

Address 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Mount Olivet Cemetery 2 o'clock P.M. Dec 16/76

...List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876

Date of Death, Dec 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Drane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower?*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number.} 257 Columbia Ave

Cause of Death, {First (Primary,) — Second (Immediate,) Cancer in the face

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 17 1876

M. D.

~~*Medical Attendant.*~~

Undertaker, W. H. Hedeman *Address* Commrs of Health

Place of Business, Gay St & Regulation

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas D. Drane her Son

[OVER.]

...to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, Dec 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Kebler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 Canton Ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Dec 17 1876

Undertaker, Wendel Bestul

Place of Business, 163 S. Bond St

~~Medical Attendant~~ M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frank Kebler Father

[OVER.]

...eases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

Date of Death, December 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelaide Pring

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about Three weeks

Place of Death, {Give street and number.} No 185 N. Charles St

Cause of Death, First (Primary,) Pleuro-Pneumonia

Second (Immediate,) Cerebral Haemorrhage & Paralysis.

Duration of Last Sickness, One week 6th Side.

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill Cemetery

Date of Burial, Dec 18th 1876

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Edward Fox Jr.

Place of Business, 92 Howard

Address Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 633)

[OVER.

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, December 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Argyle Avenue & Biddle St.

Cause of Death, {First (Primary,) Puerperal Peritonitis
Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Louis W. Knight M. D.

Date of Burial, Dec 17th 1876 Medical Attendant.

{*Undertaker,* Jacob Weaver *Address* 112 N. Greene St.
{*Place of Business,* Druid Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 14457

...to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, December 15th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Armstead Carter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26. *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Richmond Co Va

Duration of Residence in the City of Baltimore. 12 years.

Place of Death, {Give street and number.} 62 Lumbel al

Cause of Death, {First (Primary.) Bilious fever / Second (Immediate.) Typhoid

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician

Place of Burial, Harp St Cemetery

Date of Burial, Dec 16th 1876

Undertaker, Wm S Gray

Place of Business, 65 Hindley St

Louis Chs Form M. D.
Medical Attendant.

Address 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14 4 5 5

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14455 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

Date of Death, Dec 15th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hubbard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} No 4 King St. C.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ———

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Wm. T. Lockwood M. D.

Date of Burial, Dec 17 1876 Medical Attendant.

Undertaker, W H Chase

Place of Business, 1st Broadway Address Balto Genl Depy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Matthews Howard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 11 *Days.*

Color, Black. *Sex,* male.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} #70 Moore's Alley.

Cause of Death, First (Primary,) Acute passing into Chronic Bronchitis.
Second (Immediate,) Asphyxia from Capillary Bronchitis

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Wash. H. Cemetery

Date of Burial, Dec 17 1876

Undertaker, Samuel Phelps

Place of Business, 191 Thames St

J. Stotwell Townsend M. D.
Medical Attendant.

Address 216 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1916 BALTIMORE

Date of Death, December 13th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elbert Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, *Years,* — *Months,* 8 *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give street and number.} 220 Howard St.

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Forest Cemetery

Date of Burial, Dec 17 1916

Undertaker, Wm. F. Chase

Place of Business, 17 Monument St

P. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 14458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14-76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maternité

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot Infts Asylum

Cause of Death, {First (Primary,) Mal-nutrition

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16

Undertaker, C W Blizzard

Place of Business, 201 Lexington

C. F. Brown M. D.
Medical Attendant.

Address 241 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...See List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 2 1/2 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maternité Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Prot. Hyst. Asylum

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Hemorrhage from bowels.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16

C. F. Brun M. D.
Medical Attendant.

Undertaker, C. H. Higgins

Place of Business, 201 Penn av Address 241 Lombard av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...; and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Bruse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 Years, 5 Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butter dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 20 years.

Place of Death, {Give street and number.} 234 E. Broadway

Cause of Death, {First (Primary.)} Consumption.

{Second (Immediate.)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, L. Williamsons Farm.

Date of Burial, Dec. 18th 76

Undertaker, H. C. France

Place of Business, No 20 Barton Ave.

Frank B. Arnold, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 114461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

Date of Death, Dec 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 1 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 247 Penn Ave

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17th 1876

{*Undertaker,* Andrew Lutz

{*Place of Business,* 1182 Druid Hill Ave *Address*

W. F. Howard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Mansteadt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 198 Madison ave

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate.) 7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 18th 1876

Undertaker, H W. Mears

Place of Business, 45 N Gay St

Thos. D. Latimer *M. D.*

Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 14463

...Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16-th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 4 *Months,* 15 *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West-Moreland Co Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 42 Peach Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, December 18th

Undertaker, Jacob Davis

Place of Business; [illegible]

R. J. M. Tall M. D.
Medical Attendant.

Address 158 Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ist of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lafferty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighty four *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 434 East Chase St

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Pneumonia}

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem^x

Date of Burial, Dec 17^th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue

Milton A. Taylor M. D.
Medical Attendant.

Address Corner of Broadway and N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on Back of this Certificate.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

Date of Death, December 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Columbia Ave No 359.

Cause of Death, {First (Primary,) Pulmonary} {Second (Immediate,) ...}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bay View

Date of Burial, Dec 18th 1876

Undertaker, Charles R. Herold

Place of Business, 161 Canton Ave

W. S. Budderton M. D.
Medical Attendant.

Address No 116 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 114766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 8 *Months,* *Days.*

Color, Colored. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give street and number.} 84 Bolton St

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,)

Duration of Last Sickness, abt 2 week

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Dec 14th 1876

Undertaker, William H. Lange

Place of Business, 14 East Fred.

Geo. S. Kummerow M. D.
Medical Attendant.

Address 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

... BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Fogarty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 79 Park Ave

Cause of Death, First (Primary,) Paralysis due to

Second (Immediate,) Softening of the Brain

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Edwd. F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ons on back of this Certificate.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hahn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* 16 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kur-Hessen, Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} No 216 N. Durham St.

Cause of Death, First (Primary.) Burnt to death by Coal Oil

Second (Immediate.) accident.

Duration of Last Sickness, Lived about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 17. 1876.

Undertaker, H. Hofmann

Place of Business, 63 N. Edw St.

C. A. Kimber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14469

...ATTACH to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Layman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} Ramsey St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Spasms

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician

Place of Burial, Western cemetery

Date of Burial, Dec 17th 1870

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

Louis (L) Horn M. D.,
Medical Attendant.

Address 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1876 BALTIMORE MD.

Date of Death, December 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Bell Gaither

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* eleven *Months,* two *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 448 Fayette St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) albuminuria

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 18th 1876

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

Saml H. Henry M. D.
Medical Attendant.

Address 198. Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry R. Perry

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, — *Years,* 14 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 N. Schroeder St

Cause of Death, {First (Primary,) "Scarlet Fever"
Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Loadenpark cemetery

Date of Burial, Dec 18th 1876

Undertaker, J. B. Loots

Place of Business, No 707 W. Baltimore Street

Louis N. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hosea L Osmond Dutton (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Hours ~~Years,~~ ~~Months,~~ Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 240 Rabourg st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 240 Rabourg st

Cause of Death, First (Primary,) from Strain (Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17 th 1876

Undertaker, J R Leak

Place of Business, No 714 46 Bal st

[illegible] M. D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Undertaker

...ow. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1876 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th/76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ellenhaus.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 mo. *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} cor. Chester & Bank st. Balto. Md.

Duration of Residence in the City of Baltimore, 2 mo.

Place of Death, {Give street and number.} cor. Chester & Bank st.

Cause of Death, First (Primary,) Chronic. Bronchial. Catarrh.

Second (Immediate,) Prostration

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cem.

Date of Burial, December 18th.

Undertaker, Harden & Dyer

Place of Business, 1. Bond st 151

C. M. Schutte Jr. M. D.
Medical Attendant.

Address S. W. cor. Wolf st & Canton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 144774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th Dec 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schmidt

~~*Sex*~~, *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life. — Tom

Place of Death, {Give street and number.} 74 N. Chapel St

Cause of Death, First (Primary,) Abscess pulmonum

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, December 17th.

Undertaker, Mendelin Diffel

Place of Business, S. Bond St 157

Address 245 S. Baltimore

F. Smith M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11115

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alvinda A. Perkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,*

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 110 St. Paul St.

Cause of Death, First (Primary,) Fibroids of the uterus.
Second (Immediate.) Exhaustion.

Duration of Last Sickness, Sixteen years.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Grave Yard

Date of Burial, 18 Dec 1876

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Light St

M. J. Howard, M. D.
Medical Attendant.

Address 181 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...List of Diseases on Back of this Certificate. 14476

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick E Mulligan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Councilman 8th ward

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 27 years

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 30 Hillman

Cause of Death, {First (Primary,) Pistol shot wound in abdomen

Second (Immediate,) Peritonitis

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, [redacted] 18th 1876

Undertaker, Jas R Byrne

Place of Business, Front St

Edmd Barrattza M. D.
Medical Attendant.

Address Comm n & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, DEC 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella A Mills

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor Park Ave & Eager St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Dec. 17th 1876. 3 P.M.

Undertaker, Chas. A. Souder

Place of Business, No. 520 W. Baltimore St

W. H. Crim M. D.
Medical Attendant.

Address 1834 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATIONS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen McCue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 29 years

Place of Death, {Give street and number} 294 Johnson St.

Cause of Death, {First (Primary,) Emphysema Pulmon. Second (Immediate,) Bronchitis

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician

Place of Burial, Cath Cathedral

Date of Burial, Dec 17 / 876

Undertaker, Jos. F. Byrne

Place of Business, 190 E. Lanvale St

D. F. McCue *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

No. 14479

...the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rankin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and number.} 52 Cambridge St.

Cause of Death, {First (Primary,) Apoplexia

{Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimitery

Date of Burial, December 18th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 311 Canton Ave.

D. E. Ireland M. D.
Medical Attendant.

Address Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

...this Certificate.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Haydon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 236 William st

Cause of Death, {First (Primary,) Unknown

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 18th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. W. Webster M.D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

No. 14481

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Delecco

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Pedlar —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Greece 16 months

Duration of Residence in the City of Baltimore, 11 months —

Place of Death, {Give street and number.} 19 Albemarle St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year —

All the above Information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 18th 1876

Undertaker, C. Strecker

Place of Business, — Pratt St

M. D.
Medical Attendant

Address Commissioners of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Anastacio Delecco Cousin

[OVER.]

No. 11482

...ATTENTION INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Nicholas Foss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — — — — — — *Years,* — 10 — *Months,* — — — — — — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 922 Orleans St

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, A week -

All the above information should be furnished by the Physician

Place of Burial, Baltimore - Cem.

Date of Burial, Dec. 19th '76

Undertaker, Michael - Fiance

Place of Business, No 330 Canton Ave.

Thomas P. Evans M. D
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ist of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barnes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash-woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 10 Foremans Ct or Mount st

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, Several month (Confined to House)

All the above information should be furnished by the Physician.

Place of Burial, Cath Cathedral

Date of Burial, Dec 19 1876

Undertaker, John A Foxton

Place of Business, No 68 Park ave

Geo H Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

Date of Death, Dec 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Mullenix

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, sixty-three *Years,* Two *Months,* Thirteen *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoe-Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reitz-Sheitz Saxony Europe

Duration of Residence in the City of Baltimore, About Thirty-four yrs

Place of Death, {Give street and number.} No 112 N Paca St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, About twelve days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18th 1876

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

D. A. Rowe M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 14485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

Date of Death, December 16.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fletcher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, Wood Cordr

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 40 Hill St

Cause of Death, {First (Primary,) — {Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 18

Undertaker, Geo. W. Boyd

Place of Business, 150 Aisquith St *Address* 146 Hanover St

Newton Bridle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14486

...Numbers as Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Kuhlhoff.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} Leadenhall Fort Ave.

Cause of Death, {First (Primary,) Dysentery

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 19 th

{*Undertaker,* H Brill

Place of Business, Henrietta 181

DR. J. H. SMITH. DEC 18 1876 BALTIMORE MD.

M. D.
Medical Attendant.

Address 108 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16" 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooch-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown about 4 yrs

Place of Death, {Give street and number.} Washington University Hosp.

Cause of Death, First (Primary,) Exposure to Cold.

Second (Immediate,) Consequent upon the freezing

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Dec 18 1876

D L Rudolph *M. D.* Medical Attendant.

Undertaker, Chas. Sherlock

Place of Business, Pratt & Chester

Address Wash'n U. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14488

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liggie Frantz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 14 Months, 26 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Street 169

Cause of Death, First (Primary,) Meningitis tuberculosis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Dec 18 — 1876

Undertaker J. B. Blackistone Son

Place of Business, 606 Pratt St

Dr. J. Reinhard M. D.
Medical Attendant.

Address 284 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7-11-118

...ATTENTION to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Osburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 60 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the wor ls not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 10 St. James Al

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) Debility from Hæmorrhage

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager.

Date of Burial, Dec 18 76

Undertaker, Samuel W Chase

Place of Business, 17 Hanover and 41

Louis McCausland M. D.

Medical Attendant.

Address 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14419

... to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 14490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Goldstone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 132 E. Baltimore Bulls

Cause of Death, First (Primary,) Scarlet Fever Malignant

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Dec 18th 1876

Undertaker, Mr Goldsmith

Place of Business, Sexton

L. Ridgway Shute M. D.
Medical Attendant.

Address, N 124 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Torrence

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, {First (Primary,) Fracture of cervical vertebrae

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician

Place of Burial, W Public Cemetery

Date of Burial, Dec 16 th

T. A Ashby *M. D.*
Medical Attendant.

Undertaker, M 16 & Levy

Place of Business, 448 W Baltimore

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16/76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Hamilton

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 Yrs *Years,* one *Months,* four *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 28 Stiles st

Cause of Death, {First (Primary.) Rubeola Maligna
Second (Immediate,) Cirebal congestion.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 18 1876

Undertaker, James D Byrne.

Place of Business, No 63 N Frant St

Peter G Davis M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this Certificate. No. 11149.3

Board of Health, City of Baltimore,

Permit No. 14493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Kinnier

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Five *Years,* Five *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 126 S. Broadway

Cause of Death, { First (Primary,) Diphtheria

{ Second (Immediate,) Sore throat

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 20

{ *Undertaker,* M. A. Daiger

{ *Place of Business,* 154 S. Broadway *Address* 207 S. Broadway

Nicholas L. Rusheu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 14494

...marks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moorley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bristol England

Duration of Residence in the City of Baltimore, 61 [illegible] years

Place of Death, {Give street and number.} No 100 Middle Ave

Cause of Death, First (Primary,) Renal Dropsy

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. County,

Date of Burial, Dec 19th 1876.

Undertaker, W. F. Gay

Place of Business, 54 N. Broadway

Wm. L. Russell *M. D.*
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ng to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Miller

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clear Examiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 848 W Balto St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Hemorrhage & Congestion of Lung

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19th 1876

Undertaker, I B Cook

Place of Business, 1707 E. Baltimore Street

W. C. Metcalf M. D.

Medical Attendant.

Address 382 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 14496

...ERRED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Formaline

Duration of Residence in the ~~City of Baltimore.~~ House 8 days

Place of Death, {Give street and number.} St. Vincents Infant asylum

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Collapse of lung

Duration of Last Sickness, on admission

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial Dec 19. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11419

...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Dickson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (if born in the United States), or if of foreign birth.} Balt. Md.

Duration of Residence in the [redacted]e, since birth

Place of Death, {Give street and number.} 6 Caroline st.

Cause of Death, First (Primary,) Pleuro pneumonia

Second (Immediate,) & Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetery

Date of Burial, Dec 15th 1876

Undertaker, John W. Locke

Place of Business, 559 S. Wolf st

G. Granville Keech M.D.
Medical Attendant.

Address Balt. & Pacific Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14498

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, Black *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Caroline St. 138.

Cause of Death, First (Primary,) Bronchial Catarrh.

Second (Immediate,) Convulsions

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Dec 18th 1876

John A Schultz M. D.
Medical Attendant.

Undertaker, John H. Locke

Place of Business, 55 S. Wolf St

Address N E cor Lough & Eden sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 14499

Board of Health, City of Baltimore,

Permit No. 14499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wise Father

Sex, Male or Female, {Cross out the word not required in this line.} No name born at 7 months Female

Age, 4 hours Years, ____ Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 700 Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 700 - Penna ave

Cause of Death, {First (Primary,) J. Marthe Chid

{Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, H Mathe Comp

Date of Burial, Dec 18th 1876

Undertaker, Wm Hoffman

Place of Business, 23 E. Eden St

G W Morris M. D.
Medical Attendant.

Address Cor 4th St & Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Worthington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steamboat Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 77 Townsend St

Cause of Death, First (Primary,) Locomotor Ataxy

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 20th Dec 1876

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Edmund Bracken M. D.
Medical Attendant.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Wengert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boxmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} German

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 68 Hompronthut Locust Point

Cause of Death, {First (Primary,) Ulcer tuberculosis / Second (Immediate,) Marasmus}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters German

Date of Burial, 19th or Dec. 1876

Undertaker, Henry Frederick

Place of Business, 246 Eastern Ave

J Mathias M. D.
Medical Attendant.

Address 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia O'Meara.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 S Fulton, bet Pratt & McHenry 66

Cause of Death, {First (Primary,) Burns from Scalding water -
Second (Immediate,) Nervous prostration

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec. 19th 1876

Undertaker, J. F. Cook

Place of Business, Baltimore St

W. H. Keyser M. D.
Medical Attendant.

Address 17 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

Date of Death, Dec 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dodd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Port alley No 24

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 19th 1876

{ *Undertaker,* Hughes & Co
Place of Business, 65 S. Broadway

J. H. Mantz M. D.
Medical Attendant.

Address Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 114501 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emerson Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five *Years,* one *Months,* 19 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} Parish Alley No 9

Cause of Death, First (Primary,) Inflammatory Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 19 1876

L. G. Sparrow M. D.
Medical Attendant.

Undertaker, W. H. Gibson

Place of Business, W. Monument St Address S. E. Corner Stricker St and Patterson Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

Date of Death, December 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Simms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, fifteen *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore. Continual

Place of Death, {Give street and number.} No 211 Hanover St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Phthisis Et Hydrothorax

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 19 1876

Undertaker, [illegible]

Place of Business, 198 Thomas St. *Address*

J. D. Dyer *M. D.*
Medical Attendant.

No 146 Hill St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick O'Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bell. Infirmary

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 19th 1876

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw st

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, [illegible]

Board of Health, City of Baltimore,

Permit No. 14507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maud S. Stuart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} F

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 51 Mulberry.

Cause of Death, First (Primary,) Diphtheria. —

Second (Immediate,) Exhaustion —

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec. 20th 1876

Undertaker, Jenkins & Son

Place of Business, Eighth

F. E. Shatard M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howell Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 65 St. Paul St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Pulmonary Edema (Renal acute Dropsy).

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 19th 1876 Rufus Bratler M. D.

Medical Attendant.

Undertaker, John K. Weaver

Place of Business, #22 W. Baltimore St. Address 135 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

Permit No. 14509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

Date of Death, December 18th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Blohowiak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 48 Lancaster St.

Cause of Death, First (Primary,) difficult dentition accompanied

Second (Immediate,) by inflammation of Meninges.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, 19 December 1876

Date of Burial, 21 December

Undertaker, John C. Stuck

Place of Business, 265 Aliceanna

John H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 14570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

Date of Death, Dec 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Grinsel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 5 N. Wolfe St.

Cause of Death, First (Primary,) Scarlet Fever,

Second (Immediate,) Meningitis,

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Grave yard

Date of Burial, Dec 19 Tue

Undertaker, Jno Brown

Place of Business, 17 South Wolfe St

C. Glanville, Jr. M. D.
Medical Attendant.

Address Balt & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

Date of Death, Dec. 17th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Emma Elizibeth Coss & Infant Son.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 Years, 7. Months, ____ Days.

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Frederick Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} No 389. N. Gilmor st

Cause of Death, {First (Primary,) Pr labor. Second (Immediate,) Puerperal Convulsions.

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec., 19th 1876

Undertaker, Chas. A. Pouder

Place of Business, Nw. 520. W. Baltor st

L. C. Horn. M. D.
Medical Attendant.

Address No 226. Mulberry st
Jun. 6. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit No 635

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876 at 1.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barholome

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 32 Lloyd

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Uraemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, St. Pauls Cemetery

Date of Burial, Dec 20th 1876

James E Emmitt M. D.
Medical Attendant.

Undertaker, Jacob Bucher

Place of Business, Central Ave

Address 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Finnegan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 67 Druid Hill Avenue

Cause of Death, {First (Primary,) Second (Immediate,)} Chronic Gastritis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 20th 1876

Samuel I. Knight M. D.
Medical Attendant.

{*Undertaker,* Andrew Leitz
Place of Business, 118 Druid Hill Ave} *Address* 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 11574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 ~~Years~~ *Years,* *Months,* 29 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, Four (2) Years at Death

Place of Death, {Give street and number.} No 54 Walker St

Cause of Death, {First (Primary,) / Second (Immediate,)} Fatal Disease

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Dec 20th 1876

Undertaker, Father

Place of Business, 54 Walker St

Wm D Blake M. D.
Medical Attendant.

Address 136 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y F I

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REGULATIONS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14575

HEALTH DEPARTMENT 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer Seabiner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 7 E Lombard Alley

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 19 1876

R. M. Hall *M. D.*
Medical Attendant.

Undertaker, S. McShane

Place of Business, No 198 Howard St *Address* 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 14676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Franck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurant keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 15 Exeter St

Cause of Death, First (Primary,) Cirrhosis of the Liver

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20 1876

Undertaker, Henry Hoult

Place of Business, 304 Central ave Address

Dr. Bates B. C. *M. D.*
Medical Attendant.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Schnure

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 47 S. Durham st.

Cause of Death, {First (Primary,) Pulmonary tuberculosis / Second (Immediate,) Dropsy}

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Dec 20th 1876

J. G. Dauer M. D.
Medical Attendant.

Undertaker, H. Köhler

Place of Business, 2745 Lombard st

Address 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW. SEE TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 14578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} August Ohrenschall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. Md.

Duration of Residence in the City of Baltimore, allways

Place of Death, {Give street and number} 370 Mulberry St.

Cause of Death, First (Primary.) Cerebro-Spinal Meningitis

Second (Immediate,) Apoplexy.

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 20 1876

Undertaker, Chas. Kennard

Place of Business, 117. Mulberry St.

Louis (B) Horn M. D.
Medical Attendant.

Address 296 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris E. Bowen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 14 *Months,* — *Days.*

Color, — *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. —

Place of Death, {Give street and number.} 142 Tyson St.

Cause of Death, {First (Primary,) —
Second (Immediate.) Infantile Convulsions

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 19th 1876

W. H. Thompson M. D.
Medical Attendant.

{*Undertaker,* Wm Jones Son
{*Place of Business,* 45 Mulberry St. *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEC 19 1876 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr Lud McClure

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Police

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland, Harford Co

Duration of Residence in the City of Baltimore, 59 Years

Place of Death, {Give street and number} 226 Central Avenue

Cause of Death, {First (Primary.) / Second (immediate,)} Typhoid Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery George W Reynolds M. D.
Medical Attendant.

Date of Burial, Dec 21st /76

Undertaker, Geo. Schilling *Address* 34 N Calvert

Place of Business, Cor Fayette & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14521 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Deith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Franklin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 20th 1876

Undertaker, Conrad Rinkel

Place of Business, Charles St

Geo L. Price M. D.
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIAN IS DIRECTED TO [illegible]

Board of Health, City of Baltimore,

Permit No. 11522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, Dec 19 — 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kierney

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary.) Hereditary tendency — Second (Immediate,) Phthisis Pulmonalis

Duration of ~~Last~~ Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemt

Date of Burial, Decem. 20 / 1876

Undertaker, Wm H Aukman

Place of Business, 10 E Fayette

A. Thorpe *M. D.*
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brady

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} 206 Park av

Cause of Death, {First (Primary,) Congestion from Cold

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 20 1876

C Thirston M. D.

Medical Attendant.

{*Undertaker,* James D Byrn

{*Place of Business,* N 63 N Front St *Address* 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

Date of Death, Dec 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kain

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Stockton St

Cause of Death, First (Primary,) Colic - Pneum

Second (Immediate.)

Duration of Last Sickness, 1 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Alpheus Cem

Date of Burial, Dec 20 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw st *Address* 450 N Carey St

A. Denby *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} of J Dunnany and Addie Dunnany

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 16 hours

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. all Life

Place of Death, {Give street and number.} 24 N Green St

Cause of Death, {First (Primary,) Unknown Infantile

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, Dec 20th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Avenue *Address* 53 N Green St

W. F. Krentz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11457 C

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret D. Brethen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} 187 Townsend St.

Cause of Death, First (Primary,) 0

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia PA.

Date of Burial, December 21st 1876

W. H. Hammond M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 446 Druid Hill Ave *Address* 71. Franklin St Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 636

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, Dear 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo P Bowyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Paris Alley No 8

Duration of Residence in the City of Baltimore. 3 years

Place of Death, {Give street and number.} Brewers Alley No —

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Dec 20 1876

Undertaker, [illegible]

Place of Business, [illegible]

G H Adams M. D.
Medical Attendant.

Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14528 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sinclair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 7 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 155 High St

Cause of Death, { First (Primary,) Congestion

Second (Immediate,)

Duration of Last Sickness, 1 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial Dec 20th 1876

{ *Undertaker,* James P Byrne

{ *Place of Business,* No 63 N. Eutaw St

Samuel T. Powell M. D.
Medical Attendant.

Address No 29 Mt Auburn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44529

The Physicim who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12" Mo 19" 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel E. Rousuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Builder.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 49 N. Carey St.

Cause of Death, First (Primary.) Pneumonia.

Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 20th 1876

Undertaker, John L Macher

Place of Business, No 157 Camden

Address 47 Lexington St

Wm Riley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Ettinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* 7 *Months,* — *Days.*

Color, white *Sex,* male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} N. 149 W Lombard St

Cause of Death, First (Primary,) Inflammation of the bowels

Second (Immediate.) Prostration (pubic organs)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Dec 21 [illegible]76 H. Salzer M. D.

Medical Attendant.

Undertaker, Wm Ecker

Place of Business, 101 Gay St Address 168 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Philip Platchinsky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boot Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hungary

Duration of Residence in the City of Baltimore, Said to have been 20 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Abscess on lung brought on the Hospital three days before death, in a condition in which a diagnosis was impossible

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Chs Israelitish Cem Co

Date of Burial, Dec 20/76

Undertaker, Wm Eglau

Place of Business, 101 Gough St

A Buchwald M. D.
Medical Attendant.

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

116

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Grooms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 116 Lyon St

Cause of Death, First (Primary,) Dentition?

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20th 1876

Undertaker, Wm James Gray

Place of Business, 63 Mulberry St

Edmund Walker M. D.

Medical Attendant.

Address Comm. H. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, 19 December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babette Wendel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 38 *Years,* 9 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Illesdorf - Bavaria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Hamburg Street 317

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 December

Undertaker, Julius Kuehler

Place of Business, Mary St. corner Cross

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians and Undertakers

Board of Health, City of Baltimore,

Permit No. 14534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, Dec. 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline M. C. Stamm

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Four (4) *Years,* Five (5) *Months,* Fifteen *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kirchhayn, Hessen

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 4 Clement Sq

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, D. Hill Park Cem. Woh. Light

Date of Burial, Dec 21th 1876 *M. D.*

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Chas & Eager Sts. Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, Dec 19th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Abmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 293 Cross st.

Cause of Death, {First (Primary.) Traumatic Tetanus / Second (Immediate.)}

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 20th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Lee sts

H. E. Harrington M.D.
Assisted by Dr. Liebman & Dr. H. P. Smith.
Medical Attendant.
Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

Date of Death, Dec 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Kirkman Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 25th Myrtle Avenue

Cause of Death, First (Primary,) Scarlatina Malegna

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Dec 20

Undertaker, [illegible]

Place of Business, 201 Penn av Address N. Paca St

Samuel Dimuley M. D
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Lippard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 yr. *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 178 E. Lombard st.

Cause of Death, {First (Primary.) / Second (Immediate.)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 22.

Undertaker, M A Daige

Place of Business, 745 Bdwy

John F. Monmonier M. D.
Medical Attendant.

Address S. W. Cor Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 144538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1918

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 88 S. Castle St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy / Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 20

Undertaker, M A Daugherty

Place of Business, 94 Biddle

M. D. Clark M. D.
Medical Attendant.

Address 244 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Fox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Measles

Second (Immediate,) Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Columbia Pa

Date of Burial, Dec 21 1876

Martin Brewer M. D.
Medical Attendant.

Undertaker, George Taffsan

Place of Business, 201 W. Biddle St.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 637)

Board of Health, City of Baltimore,

Permit No. 145240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hesser

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} No 42 Plum ally

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial ground

Date of Burial,

Undertaker, Jno L. Davis

Place of Business, 103 Lee St

Ellie Richau M. D.

Medical Attendant.

Address 68 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Franklin Banks

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, X *Years,* X *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 10 days.

Place of Death, {Give street and number.} 105 S. Bethel St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Internal Convulsions.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1876

{*Undertaker,* Wm. H. Lange / *Place of Business,* 104 east st.}

B. F. Leonard M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R Murray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 5 *Months,* 28 *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 24 Chesnut St

Cause of Death, {First (Primary,)} Pulmonary Tuberculosis

{Second (Immediate,)}

Duration of Last Sickness, four months and a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 22 1876

Undertaker, Wm N Dungee

Place of Business, No 104 East st

D Webster Cathell M. D.
Medical Attendant.

Address 114 E Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14574 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Patrick & Mary Foley Parents

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* Seven (7) *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cor Vincent alley & McHenry St.

Cause of Death, { First (Primary,) ... Premature — Second (Immediate,) Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, Dec 21st 1876

Undertaker, L. B. Cook

Place of Business, 11 Bald St

Address Commrs of Health & Registrar

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jenkins

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 93 S. Dallas St

Cause of Death, {First (Primary,) ; Second (Immediate,) ~~Lock~~ Scarlatina.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, Dec 20. 76

Undertaker, John W. Locke

Place of Business, 59 S. Wolfe st

A. F. Esich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

Date of Death, Wednesday Dec 20 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Anne Hill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 — *Years,* — *Months,* — *Days.*

Color, Negress *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 2 Chester Court

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~C. Point Cemetery~~ Edgewood

Date of Burial, Dec 21st 1876

Undertaker, Chas. Shriver

Place of Business, E. Pratt St *Address* 51 N. Calvert St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 145716 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Sutton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Her whole life

Place of Death, {Give street and number.} 28 Lexington St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) do. Cause unknown

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 21st 1876

Undertaker, Mr. Dickey

Place of Business, 103 Lombard St.

W. Hammond M. D.
Medical Attendant.

Address 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED DEC 31 1876 BALTIMORE

Date of Death, Dec 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Rhodes

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 457 Hanbury St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y James H. Glenn M. D.

Date of Burial, Dec 22 1876

Undertaker, Chas F. Herold *Address* Commissioners of Health

Place of Business, Hanover St & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Information by George C Rhodes nr Son

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andrew Hines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} London Engr ~~Hampshire~~

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 117 Pearl st.

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21st 1876

Undertaker, C H Bliffeard

Place of Business, 201 Penna Av

John D Pennington M. D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette Dressel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 5 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 79 Druid Hill Ave

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st 1876

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave *Address*

H. Pape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

Date of Death, Dec. 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Clark

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 99 O. Chaspeake Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 O. Chaspeake St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Catarrh Fever one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, Dec 21 1876

R. W. Mansfield *M. D.* Medical Attendant.

{*Undertaker,* H. Celeste & Sons / *Place of Business,* 64 E Baltimore} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sutow Eckenwalder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Newbern North Carolina

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} S. Exeter St 72

Cause of Death, First (Primary,) Congestive Chill

Second (Immediate,) Malarial

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters, Conn

Date of Burial, Dec 22nd 1876

C. C. Baldwin M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

Address 124 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

Date of Death, Dezember. 19.th 8. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Meller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49. *Years,* 3. *Months,* 24. *Days.*

Color, white *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brush maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty four Years.

Place of Death, {Give street and number.} No 74. Fridrick. Road.

Cause of Death, First (Primary,)

Second (Immediate.) Cumsumption

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudan park

Date of Burial, Dec 21

Undertaker, J. P. Barlow

Place of Business, 66 Fred ave

John. I. Fitzer. **M. D.**

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

Date of Death, Dec 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Richert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 132 N. High St

Cause of Death, First (Primary,) Scarlatina maligna

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, December 22 1876

E. E. Jones M. D.
Medical Attendant.

Undertaker, Henry Tabert

Place of Business, Central Ave Address 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Bacon.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 78 *Years,* *Months,* *Days.*

Color, negro.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard County Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 112 Saratoga Street.

Cause of Death, First (Primary,) valvular disease of heart.

Second (Immediate,) Anchemia

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 22d 1876

{*Undertaker,* Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Neilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty two *Years,* four *Months,* twelve *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 231 North Calvert

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) old age

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Friday Dec 22

M. D.
Medical Attendant.

Undertaker, Jacob Mearer

Place of Business, No 476 Druid Hill Ave

Address C. Hoffman Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Lee Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 2 2 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 88 S. Durham

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Lorrel cemetry

Date of Burial, Dec 21/76

Undertaker, John W. Lakes

Place of Business, 59. S. Wolfe st

G. L. Wilkins M. D.
Medical Attendant.

Address 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Coates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cross Alley near 2d

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 21. 1876

Undertaker, John C. Jordan

Place of Business, No 63 Park Ave

W. T. Stevens M.D.
Pert. Phy.
Medical Attendant.

Address Meadow near Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14558 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec' 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Johnson, Mother Ann Johnson, father unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* six *Months;* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co. Md.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} Nalion. Hotel S. E. Fayette & Holliday Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Bronchitis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 22d 1876

Undertaker, C. Stiefler

Place of Business, Pratt St

John Williams M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Harriet Forty

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, Cold

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} Colord. aged Womans home Front St near Low St

Cause of Death, {First (Primary,) / Second (Immediate,)} old age — debility

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H Steuart M. D.

Date of Burial, Dec 22 1876

{*Undertaker,* John C. Jordan / *Place of Business,* Park ave} *Address* Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases of births and deaths of illegitimate children.~~

Information John C. Forty Nephew [OVER.]

Board of Health, City of Baltimore,

Permit No. 14560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

Date of Death, 21th December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilie Lindemann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime

Place of Death, {Give street and number.} S. Dallas Street 438

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustio.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Swartz Cem.

Date of Burial, Dec. 22d '76

Undertaker, M. Franck

Place of Business, No 280 Canton Ave

William Hearl M. D.
Medical Attendant.

Address S. Wolfe St 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Cole

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 192 S. Durham St

Cause of Death, {First (Primary,) Convulsions Cold
Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B.G

Date of Burial, Dec 22 1876

Undertaker, John W. Locke

Place of Business, Wolf St

James A Steuart M. D.
Medical Attendant

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Fannie Cole Mother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14562 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 22, 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1896

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa C. Jenkins.

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 72. *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of her life

Place of Death, { Give street and number. } N E Corner of Charles & Pleasant St

Cause of Death, First (Primary,) Cancer of mouth & face

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 22d Dec 1896

Wm. T. Smith M. D.
Medical Attendant.

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... DEC 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday December 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eliza Maitland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ~~Female~~ Male

Age, _____ *Years,* _____ *Months,* 42 *Days.*

Color, _____ White _____ *Sex,* _____ Male _____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, _____ Nun _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 33 Lusan St _____

Duration of Residence in the City of Baltimore, Since Birth _____

Place of Death, {Give street and number.} 33 Lusan St _____

Cause of Death, First (Primary,) Anemia

Second (Immediate,) Marasmus & Anasarca

Duration of Last Sickness, 56 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 30th 1876

Undertaker, Murphy

Place of Business, 624 Broadway

E. Lindsley M. D.
Medical Attendant.

Address 20 C[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14574

The Physician who attended any person in *last* illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec 20. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dr Anne Co. Md.

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} 390. Orleans

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Dec 22 "1876

{*Undertaker,* John Hennessy & Co

Place of Business, 386 Orleans St.

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Vault L 38

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14565 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mochenke,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, Two *Years,* Eight *Months,* *Days.*

Color, White m *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No Lancaster St,

Cause of Death, First (Primary,) Scarlet Fever,
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physicain.

Place of Burial, St Aloysius Burying Ground

Date of Burial, December. 22th

Jacob Callmus, M. D.
Medical Attendant.

Undertaker, H. Bein 252 Ellis Ave

Place of Business, 252 Ellis Ave

Address No 132 S. High st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Larsen

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 4 Years, 1 Month, 1 Day.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} No 222 Penn St

Cause of Death, First (Primary,) .....

Second (Immediate.) Consumption

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 22 1876

Undertaker, Jno Loane

Place of Business, 526 N Balto St *Address*

D. H. Harris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. H. Bromwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 29, *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 97 Bailey Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 24th 1876 Theodore Cook & Co *M. D.* Medical Attendant.

Undertaker, Jacob Wenner

Place of Business, No 406 Druid Hill Avenue *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, December 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine E. Mace

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 118 Hanover St

Cause of Death, First (Primary,) ; Second (Immediate,) Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *Date of Burial,* Dec 22 1876

Sherston Cobb M. D.
Medical Attendant.

Undertaker, Armstrong & Causey

Place of Business, No. 263 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1890 BALTIMORE

Date of Death, Dezember 22. 12, 30 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Herman,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* above

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Rail Rood

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty five

Place of Death, {Give street and number.} 196 Green; Mt. Av.

Cause of Death, First (Primary,)

Second (Immediate,) Consumpteon

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 23" Dec -

Chas D. Fizer M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 426 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo Newman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Mullinan St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 23 1876

James H Lemmon M. D.

Undertaker, Henry Hook

Place of Business, Contractor

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases of births and deaths of illegitimate children.~~

Information by Fred Newman Father [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Miah Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Myland

Duration of Residence in the City of Baltimore, all life time

Place of Death, {Give street and number.} No 62 Wayne st near Warren st

Cause of Death, {First (Primary,) / Second (Immediate.)} Dropsy & Consumption & Mouth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1876

Undertaker, Saml N Chase

Place of Business, No 132 Howard st

Hbrut R *M. D.*
Medical Attendant.

Address No 23 Beath st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec. 21, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Mary Hudson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 19/30 mo

Place of Death, {Give street and number.} 225 Lanvale St

Cause of Death, {First (Primary,) Tuberculous disease

{Second (Immediate,) of Brain & Lung

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Dec 23rd 1876

Richard McSherry M. D.
Medical Attendant.

Undertaker, Charles. Schriver

Place of Business, 271 N. Eutaw *Address* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, 21 Dec 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* ⅓ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 2 mos

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Marasmus

Second (Immediate.) Spasm

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cem'y

Date of Burial, Dec 22 1876

Martin Brewer M. D.
Medical Attendant.

Undertaker, Saml Bowers

Place of Business, Institution *Address* 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14574 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, December 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Ry Fulgum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four (4) *Years,* *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 25 N. Dallas

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 22 1876

{*Undertaker,* Wm. J. Young & Co / *Place of Business,* 194 East Balto} *Address*

L. L. Williams M. D.
Medical Attendant.
49 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14575 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec. 20/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Clwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, Colored *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 142 Tyson St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) ...

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1876

W. H. Thompson *M. D.*
Medical Attendant.

{*Undertaker,* W. O. Gray
{*Place of Business,* 28 Mulberry *Address.* 41 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14576 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

Date of Death, Thursday December 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Rebecca Chubbs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, Black.

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No 5 Clarent St

Cause of Death, First (Primary,) Brights Disease of Kidney

Second (Immediate,) Pneumonia

Duration of Last Sickness, Returns 3 & 4 Months.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, December 22nd

Undertaker, William J Gray

Place of Business, 46 N Gilmor St

Dr Scarff M. D.
Medical Attendant.

Address NE Cor Paca & Fayette
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Wiegand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 454 Cross St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 13 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 23 1876

Undertaker, Andrew Knell

Place of Business, 116 Columbia St.

H. A. Speer *M. D.*
Medical Attendant.

Address 379 W. Conton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec. 21,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malissa Irving

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 146 Bateny ave

Cause of Death, {First (Primary,) {Second (Immediate,)} Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec'r 22d 1876

Undertaker, John S Machen

Place of Business, 151 Camden

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

Date of Death, Dec. 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nevina V Bangs

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 88 Chatsworth Ave

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 24th 1876

Undertaker, John Mackin

Place of Business, No 150 Camden *Address* 55 Sharp

W R C Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14581 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Lucking

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (2 2 years in U. States

Duration of Residence in the City of Baltimore, (for years

Place of Death, {Give street and number.} Church Hospital

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 22 1876

Undertaker, H. Schultheis

Place of Business,

Chas. A. Cochran M. D.
Medical Attendant.

Address 112 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ellen Webb

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 0 *Months,* 12 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredricksburg Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 179 N. Paca St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 4 days 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 24th December

Undertaker, Wm Gray

Place of Business, 534 Broadway

P. B. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Dougane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ohio

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 67 Elbow lane

Cause of Death, {First (Primary.) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec 23 1876

Undertaker, L. S. Machen

Place of Business, Paca St *Address* 76 Hanover

A. H. Mungo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Baker

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Sarah Ann st

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Lem

Date of Burial, Dec. 23d

Undertaker, J. Miller

Place of Business, 1 Saca St 86

H Darling *M. D.*

Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Budeker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* 3 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 199 South St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cardiac Asthenia

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 24th 1876

Undertaker, John P. Paules

Place of Business, Fred Ave

M. Hanny M. D.
Medical Attendant.

Address 76 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 14585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

Date of Death, Dec 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian D. Meyers.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 10. *Months,* 7. *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Bremen. Germany.

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} Penna Ave. extended

Cause of Death, {First (Primary,) Softening of Brain. / Second (Immediate,) Emaciation

Duration of Last Sickness, About 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 23rd 1876

S. N. Innis *M. D.*
Medical Attendant.

{*Undertaker,* C. Wiegand / *Place of Business,* 53 Druid Hill Ave

Address Cor. Eutaw & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 14586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry During

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 6. S. Castle st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druit Hill Park City

Date of Burial, Dec 23 1876

Undertaker, E. Eckhart

Place of Business, 269 Centre st

J. H. Drake M. D.
Medical Attendant.

Address 2 Hill Block

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1

[OVER.]

K

Board of Health, City of Baltimore,

Permit No. 14587 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 23rd Dec 1876

{ *Undertaker,* H.W. Jenkins & Son / *Place of Business,* 16 Light St } *Address*

J. J. [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Keenwright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Pine

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 26th 1876

Undertaker, Jacob Weaver

Place of Business, No 456 Druid Hill Avenue

J. T. Knight M. D.
Medical Attendant.

Address Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

Date of Death, Dec 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann B. Carter.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's County, Md. About 50 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} * 291 Hanover St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption. Bright's Disease, Abscess 2 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, December 24th 1876

Undertaker, Chas. F. Herod

Place of Business, 111 Hanover St.

J. M. Mule' M. D.
Medical Attendant.

Address * 845 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucas Hess

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* [illegible] *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 304 Hollins St

Cause of Death, {First (Primary,) Albuminuria

{Second (Immediate,) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Dec 24th 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayette

G. W. Miltenberger M.D.
Medical Attendant.

Address 12 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H. Robinson Jr.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* 1 *Months,* ... *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, his entire life

Place of Death, {Give street and number.} 336 E. Balt. St.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Dec 26th

John F. Monmonier M.D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65,5 Broadway

Address S. W. Colvert & Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 December 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} × William Liles Lowry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, × Sixty *Years,* × Eight *Months,* × Seventeen *Days.* ×

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} × Maryland

Duration of Residence in the City of Baltimore. × Whole life

Place of Death, {Give street and number.} South Broadway No 5.

Cause of Death, {First (Primary,) Paraplegia!

{Second (Immediate,) Paralysis of Diaphragm

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem.

Date of Burial, 24 December

{*Undertaker,* Evans & Edmonds

{*Place of Business,* 364 Pennsylvania Ave

A. B. Lyman M. D.
Medical Attendant.

Address 375 East Baltimore St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, Dec 22. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Ann. M Cleary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of Baltimore~~ House 2 mos

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters, Emmit

Date of Burial, December 23d 1876

Undertaker, Jacob Seffrin

Place of Business, 121 West Pratt St.

Anthony Bowen M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14591/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, Dec. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 22 *Days.*

Color, Black *Sex,* male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 3 Doz of

Cause of Death, First (Primary,) Dreadful

Second (Immediate,) Exhaustion

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1876

Undertaker, John C. Gador

Place of Business, No 63 Park Ave

W. D. Griffith *M. D.*
Medical Attendant.

Address Dolle Cullock

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, December 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bartholomew Lee

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, don't know

Place of Death, {Give street and number.} 37 Hanbert st.

Cause of Death, {First (Primary,) Typhoid fever,

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, 23d

Undertaker, M Clarke Sons

Place of Business, 44 & 46 E Baere st

P. G. Dawes, M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Barnaux

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 125 Columbia Ave

Cause of Death, {First (Primary,) Serve Coryza with Diarhoea

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 24th 1876

Undertaker, John Meacher

Place of Business, No 150 Canton Ave

Edwd. F. Mitchell M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, Dec 22 / 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ann Rebecka Hyatt

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } South West Corner of Wilkens & Barrett st

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } No 186 York St

Cause of Death, { First (Primary,) Consumption

{ Second (Immediate,)

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 24th 1876

{ *Undertaker,* John Strahan

{ *Place of Business,* 180 Camden

J. T. Shutty M. D.
Medical Attendant.

Address 266, So Eutaw St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14598 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, Dec 22 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Hammond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Vincent Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 23 '7876

Undertaker, M. H. C. Perry

Place of Business, Post St

James A Steuart M. D.
Medical Attendant

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informal verdict Capt Lefevre

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14599

The Physician who attended any person in a last illness is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

No. 14599

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 22nd '76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 23 Thames St.

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 23rd 1876

{*Undertaker,* Henry H. Mears

Place of Business, 145 N Gay St

Signature J. R. Shaw M. D.
Medical Attendant.

Address 681 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Henderson
Harriet "

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Half Hour *Years,* *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 2 Bruce St Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Bruce St Balt

Cause of Death, {First (Primary,) One of Twins, apparently Premature
Second (Immediate,) ~~probably~~ Asthenia

Duration of Last Sickness, Seen by undersigned after death

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Catonsville
Date of Burial, Dec 23rd 1876 Odd Fellows Cemetery

Geo. H. Dare M. D.
Medical Attendant.

Undertaker, I K Cook
Place of Business, No 707 Baltimore St

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24601 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bird

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, thirty two *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} Eutaw Lane No 1

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1876

Undertaker, Wm H Danger

Place of Business, No 104 East St

Address No 16 E Lexington St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14602

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

Date of Death, December 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Lutz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, Seven Days.

Color, Black

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Carlton St. No 4

Cause of Death, {First (Primary,)} Physical immaturity & Indigestion

{Second (Immediate,)} Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Dec 23rd 1876

Undertaker, William A. Langer

Place of Business, 104 East St.

J. Wesley Hammond M. D.
Medical Attendant.

Address 5 E. Baltimore Holliday St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 23 1876

CERTIFICATE OF DEATH.

Date of Death, December 22 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mills

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 164 Schroder st

Cause of Death, {First (Primary,) Capilary Bronchetis

{Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C W Cadden M. D.

Date of Burial, Dec 24 1876 Medical Attendant.

{*Undertaker,* C Hennecke & Bro

{*Place of Business,* 364 Pa ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Dec 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Rothgiesser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 19 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pratt & Fayette

Cause of Death, First (Primary,) D

Second (Immediate,) Pulmonary

Duration of Last Sickness, about 12 Days

All the above information should be furnished by the Physician

Place of Burial, Evergreen Cemetery

Date of Burial, 26th 1876

Undertaker, Chas Koenig

Place of Business, 736 E Fayette

J Ridgway Brune *M. D.*
Medical Attendant.

Address Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 Decbr. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis I Kyle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Entire Birth

Place of Death, { Give street and number. } 153 Edmondson Av.

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 24th 1876

{ *Undertaker,* John H. Weaver / *Place of Business,* # 22 W. Fayette St. *Address* }

Wm. Pope. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 Decb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie A Ayre

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 153 Edmondson Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 24th 1876

Undertaker, John H. Weaver

Place of Business, # 22 N. Fayette St. *Address*

W. Mayo *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of Dec. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reobald Lemberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 198 Lowndes

Cause of Death, First (Primary.) Phthisis pulmonum

Second (Immediate.) Haemorrhagia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'd

Date of Burial, December 24 1876

Undertaker, Henry Heuck

Place of Business, 30 & Central Ave *Address* 245 E. Baltimore st

J Hutton M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd /76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Blaney

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 40 & 50 Mos

Place of Death, { Give street and number. } 40 Spring St

Cause of Death, { First (Primary,) I saw this woman about Six Weeks ago - have not seen her since. Second (Immediate,) She had Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Co, Md.

Date of Burial, Dec 24th 1876

Undertaker, Wm Lamb Gray

Place of Business, 65 Madison St

H. H. Parker M. D.
Medical Attendant.

Address 124 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Clark

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Over 20 years

Place of Death, {Give street and number.} On Fremont & Ridgely Sts

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec. 25th 1876

Undertaker, John L. Meehan

Place of Business, 150 Camden St

Frank E Babbitt M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} /

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No. 1 Lancaster Alley

Cause of Death, First (Primary,) Rheumatism /

Second (Immediate,) Meningitis

Duration of Last Sickness, Five or six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 1876

Undertaker, B W Cohen

Place of Business, 418 Shamrock st

Alexander Hill, *M. D.*
Medical Attendant.

Address No. 23 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 90 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ Widower, {Cross out the words not required in this line.}

Occupation, Brick Maker but has not worked for 15 years

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, the most of his life probably 60 years

Place of Death, {Give street and number.} 8 Forney Alley

Cause of Death, {First (Primary,) old age

Second (Immediate,) do — no disease

Duration of Last Sickness, Only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 24 76

Undertaker, P Conrad Webster

Place of Business, 72 Howard St

M Hammett M. D.
Medical Attendant.

Address 52 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Annie Mason~~ Dec 21 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40-50 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} ~~Single~~ Married

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} 79 Jasper St

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, Did not attend her in her sickness.

All the above information should be furnished by the Physician

Place of Burial, Union St Cemetery

Date of Burial, Dec 24 76

Undertaker, [illegible]

Place of Business, 19 Howard St

Address [illegible]

[illegible] M. D.

[illegible]

[illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14613 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Allison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 years *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 28 S. Bethel st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec. 24th 1876

James A Steuart M. D.

~~Medical Attendant.~~ Registrar

{*Undertaker,* Wm H. Dungee / *Place of Business,* East st}

Address

Extract from Regulations of the Board of Health to secure a full and correct registration of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14614 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward George Gatel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 257 Columbia Ave

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Meningitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

DR. J. H. SMITH, DEC 23 1876 BALTIMORE, MD.

Place of Burial, Woodlawn Cem

Date of Burial, Dec. 26th 1876

Undertaker, Mr. Nowell

Place of Business, Columbia Ave

M. D.
Medical Attendant.

Address 18 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Asbury Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, (C) *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 70 or Spring St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 1876

Undertaker, Chas A Lange

Place of Business, 107 East St

Emil S. Powell M. D.
Medical Attendant.

Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11616 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 49 E Dallas st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24 1876

Undertaker, [illegible]

Place of Business, [illegible]

John McConner M. D.
Medical Attendant.

286 E. Balt
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14617 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 24 1876

CERTIFICATE OF DEATH.

Date of Death, Dec 23 /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alexander Clark

Sex, Male or Female; {Cross out the word not required in this line.}

Age, 13 Yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 13 Yrs

Place of Death, {Give street and number.} 86 Mount St

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 25th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 860 Fayette St

[illegible] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Figengier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Varnisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bamberg Bavaria

Duration of Residence in the City of Baltimore. 20 yrs

Place of Death, {Give street and number.} 57 Orchard st

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Chas E Battle M. D.

Date of Burial, Dec the 24

Medical Attendant.

Undertaker, Geo. Hoffman *Address* 619 Penna Ave

Place of Business, 121 Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14619

OFFICE OF REGISTRAR OF VIT. STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Schlepper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover (Germany)

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Hanover St. near Hamburg St. No. 310

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 25th

Undertaker, Henry Brile

Place of Business, Henrietta St 81

H. Wilkens M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Clayey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 157. Hamburg

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec 25-12/8/76

Undertaker, Charles F. Herold

Place of Business, 161 Hanover Street

Thornton Codd M. D.
Medical Attendant.

Address 446. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE DEC 24 1876

CERTIFICATE OF DEATH.

Date of Death, December 23d, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch Berger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Pedler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 173 S. Spring St.

Cause of Death, First (Primary,) Paralysis affecting the organs of Speech

Second (Immediate,) And deglutition and partially the lower extremities.

Apoplexy - unknown. 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 26th

John H. Rehburger M. D.
Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 424 S. Broadway

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lil: A Sample

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ 7 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and number. } 61 Perry St

Cause of Death, { First (Primary,) ... Whooping Cough / Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 1876

Undertaker, John C Gordon

Place of Business, No 63 Park Ave

A H Kinney M. D.
Medical Attendant.

Address 76 Druid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank J. Keech

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 129 N Charles St

Cause of Death, { First (Primary,) Scarlet-fever

Second (Immediate,)

Duration of Last Sickness, Seven days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 24th Dec 1876 Riggin Buckler M. D.

Medical Attendant.

{ *Undertaker,* H. W. Jenkins & Son

{ *Place of Business,* 16 Light St Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 146244

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Young

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and number.} 753 W Lombard st

Cause of Death, {First (Primary,) Stomach

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Monument Co

Date of Burial, Dec 24

Undertaker, J B Cook

Place of Business, 70 Hanover Balto

Paul Gantline M. D.
Medical Attendant.

Address 2 Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Interment Permit No 640

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter J. Wood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22. Clement St

Cause of Death, {First (Primary,)} Scarlatina

{Second (Immediate,)} Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec. 26. 1876 Sheridan Coyle M. D.

Medical Attendant.

Undertaker, Charles B. Fleming

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11626 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Talbott

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 2 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U. S.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 274 Park ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Eclampsia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cath. cem. 6.

Date of Burial, Dec 25 1876

Undertaker, J. B. Blackistone

Place of Business, 606 Balt st

G Lane Taneyhill M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11627 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Ellen Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 hrs *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish St. Ball.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Parish St.

Cause of Death, First (Primary,) Hetastasis Pelvis.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26th

John H. [illegible] M. D.
Medical Attendant.

Undertaker, Wm. M. Leonard & Son

Place of Business, 702 W. Baltimore Address 24 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. A. Wilson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, about 46 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} on Lee & Charles sts - Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No 55 N. Paca st

Cause of Death, First (Primary,) Valvular disease of heart -

Second (Immediate,)

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Alfred Hughes M. D.

Date of Burial, Dec 26th 1876 Medical Attendant.

Undertaker, John S Mercher

Place of Business, No 150 Camden *Address* 234 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna K. Fiemann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *10 Months,* 20 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 211 S. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician

Place of Burial, Friends Burial Ground

Date of Burial, Dec 25

A. F. Eich *M. D.*
Medical Attendant.

{*Undertaker,* Wm H. Hackmann
Place of Business, 96 Bank St *Address* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14630 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Albert Billings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 178 W. Lombard St

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Amerys Baltimore Cemetery

Date of Burial, Dec 25th 1876

L. A. Burch *M. D.*
Medical Attendant.

Undertaker, John Slacher

Place of Business, No 150 Camden *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly and accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret E. Davidson

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Louisa Co. Va.

Duration of Residence in the City of Baltimore, about Eight years

Place of Death, { Give street and number. } 78 So Paca

Cause of Death, { First (Primary,) } Atheromatous degeneracy of arteries

{ Second (Immediate,) } Paralysis

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park - J. Wm Wall M. D.

Date of Burial, Dec 25th 1876 Medical Attendant.

Undertaker, Archd Martin

Place of Business, 116 158 Camden *Address* No 18 So. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 14632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE

Date of Death, December 23' 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor G. Laroque

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, No Occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} N 98 tr Fayette

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Many Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 25th Dec 1876

Undertaker, A.M. Jenkins & Son

Place of Business, 16 Light St

Address N 114 Park Ave.

S. T. Shutard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14,633.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Broening,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 77 *Years,* 9 *Months,* — *Days.*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Whitelight-,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany,

Duration of Residence in the City of Baltimore, 18 Years,

Place of Death, {Give street and number.} ~~No. 8 Henrietta & China Sts~~ 122 Hamburg St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauderbach. Germ.

Date of Burial, Dec. 25 1876.

Undertaker, T. Poke

Place of Business, 425. Gay St.

F. J. N. Tall M. D.
Medical Attendant.

Address 154 Shark St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irving. Hammond.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 3 Yrs.

Place of Death, {Give street and number.} No 1- Williams. St

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Exhaustion

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Dec 25th 1876

{*Undertaker,* Chas Stuesser

{*Place of Business,*

W. D. O'Brien M. D.

Medical Attendant.

Address 235 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14635 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Virginia Gaul

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* Seven *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Short 12 th 15

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cerebritis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 26 th 1876

Undertaker, L. H. Bruce

Place of Business, 104 East Pratt

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14636.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olive M. Engle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 20 Prospect Alley

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Decem 25th

Undertaker, M A Daiger

Place of Business, 74 S Bond

Address 74 S Bond St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard E Gibson

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* 20 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 27 Jenkins

Cause of Death, { First (Primary,) Pneumonia

{ Second (Immediate.)

Duration of Last Sickness, 3 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1876

{ *Undertaker,* Wm F. Lemmon

{ *Place of Business,* 14 Hill East

E Hall Rutledge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14,638 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23d December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie May Pollard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* F

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 187 W. Fayette St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 25th 1876

C. W. Owings *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Corner Druid Hill Avenue *Address* 166 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nicholas Beal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 2 years & 10 months

Place of Death, {Give street and number.} 270 Aisquith

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1876

Undertaker, Wm. P. Lynch

Place of Business, 100 East Fayette

Wm. D. Hume M. D.
Medical Attendant.

Address 1 Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 11610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

Date of Death, Dec. 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ogden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary.) Tubercular Meningitis Chronic

Second (Immediate,) Coma

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 25 1876

Undertaker, Geo Zahn

Place of Business, Gay & Pine St.

Marbury Brewer *M. D.*

Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 14641 — / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Klein

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Germany

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 65 Eden st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Centre

Date of Burial, Dec. 25, 1876.

W. W. Webster M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B Counselman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charleston S.C

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 475 N Fayette st

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,)}

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 26 1876

Undertaker, J B Blackistone

Place of Business, 606 Balt st

J W Webster M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14,643.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of Mary E. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 137 Dallas St.

Cause of Death, {First (Primary,) Accidental

{Second (Immediate,) from fall.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St.

Date of Burial, Dec. 25 1876

{*Undertaker,* Geo F Jones

{*Place of Business,* 162 Dallas St

James H Lemmon M. D.

Medical Attendant.

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11601[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 9 weeks *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 North St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Bronchitis Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fellowship Cemetery

Date of Burial, Decemb 25 1876

Undertaker, Henry Glover

Place of Business, 50 Garrison ave *Address* 256 N Sharp St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14,645 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch Day & E. A. Day. (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Wilmore Alley

Cause of Death, First (Primary,) Congenital Malformation of Rectum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physicinn.

Place of Burial, Western Cemetery

Date of Burial, Dec. 25

Undertaker, J. J. Chalmers 262 Pennsylvania Ave

Place of Business, Address 431 Penna. Ave

F. D. Christian *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14646 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 24^th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Gordon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 88 S. Hall

Cause of Death, { First (Primary.) Consumption

Second (Immediate,) 4 Mo.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25- 1876

Undertaker, O McHase

Place of Business, No 178 Howard St

R. C. Lee M. D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14 647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mette

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 8 Browns Lane Balto City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 8 Brs Lane

Cause of Death, {First (Primary.) Scrub by undersigned after birth

Second (Immediate,) From Exhaustion of Midwife Instantly

Duration of Last Sickness, 1 Day } Trismus Nascentium

All the above information should be furnished by the Physician.

Place of Burial, Lauterjack

Date of Burial, 25th December

Undertaker, John S Gaither

Place of Business, 10 Frederick Av.

Geo H. Dare M. D.
Medical Attendant.

Address 91 Frederick Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14,648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in *s* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 25 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Inf Emily & Davd. Clayland

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 11 Carrollton Avenue

Cause of Death, { First (Primary.) Convulsions / Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial Dec. 26 1876

Undertaker, J. B. Corke

Place of Business, 707 W Balt. St.

James A Steuart M. D.

Medical Attendant.

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

c

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J Halliday

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty eight *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philada

Duration of Residence in the City of Baltimore, About two years

Place of Death, {Give street and number.} 190 Argyle Ave

Cause of Death, First (Primary.) Parturition

Second (Immediate.) Puerperal Mania

Duration of Last Sickness, confined 8 days, Mania about 5 days

All the above information should be furnished by the Physician

Place of Burial, Philadelphia

Date of Burial, Dec 26th 1876

Undertaker, A Rucon & Son

Place of Business, 92 Howard Balto

Elias C Price M.D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 6543

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1[illegible]

Board of Health, City of Baltimore,

Permit No. 14650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Davis,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler maker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 Johnson St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Bright's Disease -

Duration of Last Sickness, 12 months,

All the above information should be furnished by the Physician.

Place of Burial, W[redacted]n Cemetery

Date of Burial, Dec 26th 1876

Undertaker, Jno. St. Germ[redacted]

Place of Business, 263 Light St.

R. J. N. Tull M. D.
Medical Attendant.

Address 15 & 17 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 14657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec: 24th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. Illich

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 28 George St.

Cause of Death, { First (Primary,) Kidney

{ Second (Immediate,) about 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, Dec 26th 1876

Undertaker, Jos F Byrne

Place of Business, 39 n Liberty St *Address* 2 Cathedral St.

F. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Elizabeth Irwin

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 75 Stockton Street

Cause of Death, First (Primary,) Concussion of Brain

Second (Immediate,) " "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Leonard 26th/76

Date of Burial, Both Cemetary

Undertaker, Wm Schlichting

Place of Business, 62 72 Penna Ave

Hammond Hoy M. D.
Medical Attendant.

Address 190 Penn Ave
414 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Edward~~ M Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 198 Columbia Pl

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec. 26th

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

A Heuisler M. D.
Medical Attendant.

Address 761 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 14654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Prahm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ×

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) His death was not expected to occur, it being due to some unknown sudden cause while well in health, but sick a good while before

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26

Undertaker, C. Hasche

Place of Business, 136 E Fayette

A Friedenwald M. D.

Medical Attendant.

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A F

Board of Health, City of Baltimore,

Permit No. 14655 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edgar Fugle.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 4 *Months,* 25 *Days.*

Color, White.

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Child.

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 54 N Charles St.

Cause of Death, {First (Primary,) Scarlatina. Second (Immediate,) Asthenia.

Duration of Last Sickness, Twenty Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec. 28th 1876

Undertaker, H. T. Jenkins & Son

Place of Business, 16 Light St.

D. Webster Bethell, M. D.
Medical Attendant.

Address 14 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

Board of Health, City of Baltimore,

Permit No. 14657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Squires

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 52 Brooklyn St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion Lungs

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 26

Undertaker, C H Blizzard

Place of Business, 201 Penn av

Wm Baldwin M. D.
Medical Attendant.

Address 150 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St. Vincents Infant. Asylum.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Bronchorrhea.

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician

Place of Burial, Cathedral Cem.

Date of Burial, Dec 26 1876 Mabury Brewer *M. D.*

Medical Attendant.

{*Undertaker,* Saml Bayozer

{*Place of Business,* Institution Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Ella Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Meningitis from Caries of Ear.

Second (Immediate,) Coma

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Dec. 26. 1876

Undertaker, Saml Bowser

Place of Business, 156 Division St.

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 "mo 24" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Ransavill

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} N° 268 N. Carey St

Cause of Death, {First (Primary,) Pneumonia.

{Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 26th 1876

{*Undertaker,* John S Mackey

{*Place of Business,* N° 150 Caroline St

Wm Tilley *M. D.*
Medical Attendant.

Address 17 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14660 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Walters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3, Carlton St

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Bronchytis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 26 1876

Undertaker, W. N. Dungee

Place of Business, East St

Jas. A. Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frederick Hall Grandfather

[over]

Board of Health, City of Baltimore,

Permit No. 14661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baden Baden, Germany

Duration of Residence in the City of Baltimore, Three (3) years

Place of Death, {Give street and number.} 60 1/2 S. Castle

Cause of Death, {First (Primary.) Scarlatina

Second (Immediate.) Convulsions

Duration of Last Sickness, Five (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, Dec 26th 1876

Undertaker, John Brown

Place of Business, 77 S. Wolfe St

G. L. Wilkins M. D.
Medical Attendant.

Address 44 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14664

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1876 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25 Dec. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johana Mosher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 222 Chase St.

Cause of Death, {First (Primary,) Second (Immediate,)} Mort. Bright's.

Duration of Last Sickness, ab. 2 months.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, Henry [illegible]

Place of Business, [illegible] *Address* [illegible]

Dr Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Vermillion

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 718 Hanover St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Umbilical Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Prince Geo's Co Md

Date of Burial, Dec 26th 1876

James H Llewellyn M. D.
~~Medical Attendant~~

{*Undertaker,* Geo. Vermillion
Place of Business,

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, George Vermillion Father

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 53 year

Place of Death, {Give street and number} no 495 N. Gay st

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Complete

Duration of Last Sickness, about 5 mo.

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick P.R

Date of Burial, Dec 27 1876

Undertaker, Wm Fry

Place of Business, 54 N Broadway

C. L. Hunter *M. D.*
Medical Attendant.

Address 222 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Meier 3

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 34 *Years,* 7 *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 127 Conway

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) Stomach. Pulmonary tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 27th 1876

Undertaker, F. A. Groll

Place of Business, 90 S. Howard St

A. Lucas M. D.

Medical Attendant.

Address 1548 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2. *Years,* *Months,* *Days.*

Color, Black, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Caroline st 138

Cause of Death, First (Primary,) Scarletina / Maligna

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Dallis pt

Date of Burial, Dec 26.

Undertaker, John W. Locks

Place of Business, 59 S. Wolfe st

John D Iglehart M.D.
Medical Attendant.

Address N E Cor Lough & Edmondt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 26. 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Miles Mcneal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 285 E. Balto St.

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 27th 76

James E Knodle M. D.
Medical Attendant.

Undertaker, Thos E Hughes

Place of Business, 66 E Balto *Address* 277 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Kedrick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~St Josephs Hospital~~

Cause of Death, First (Primary,) Tubercular Ulceration of Bowels

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 26th /76

Undertaker, Geo Schilling

Place of Business, Corner Mt Vernon Monument St *Address* 188 W Saratoga

Albert Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 14669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December. 26.th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Abbotte,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City. State. Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No. 16. Armistead Lane

Cause of Death, {First (Primary,) Capillary Bronchitis,
{Second (Immediate,) Apnoea,

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, 29th 27th 1876

M L. Mitchell M. D.
Medical Attendant.

Undertaker, Armstrong & Gerry

Place of Business, 263 Light

Address # 137. Montgomery st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meta Peters

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 5 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 38 Portland St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Paralysis (Hemiplegia)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Sem

Date of Burial, 28 Dec.

Undertaker Geo Leimbach

Place of Business, 41 Pratt 389,

Samuel J. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

Date of Death, Dec 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. Richard Feudinfeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, transient

Place of Death, {Give street and number.} Washington Univ.

Cause of Death, {First (Primary.) Second (Immediate.)} Stab of abdomen & loss of blood

Duration of Last Sickness, 8 hrs

All the above Information should be furnished by the Physician

Place of Burial, E. Pat Cemetery

Date of Burial, Dec 24 1876

Undertaker, Chas. Shaffer

Place of Business — Pratt St

A. L. Wolfe M. D.
Medical Attendant.

Address Washington Univ. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... 4

~~Married~~, Single, Widow or ~~Widower~~. {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth} No 6 East Rt Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 6 East Rt Balto

Cause of Death, {First (Primary.) ..... Y. Second (Immediate,) ..... Pneumonia Resolution

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician

Place of Burial, St Peters Cem

Date of Burial, Dec 27th 1876

{*Undertaker,* L. P. Blume

{*Place of Business,* Fabert St *Address* Bond & Balto

Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14673

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 246 Gough St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Sick Cold

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 27th

Undertaker, Hughes & Co

Place of Business, 655 Broadway

Gust. Wagner *M. D.*
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Harold Hannan Wood

Sex, Male ~~and Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 128 Penn Ave

Cause of Death, {First (Primary.) Scarlet fever

{Second (Immediate.) " "

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 28. 1876.

Undertaker, Geo. Coffman

Place of Business, 21 Baltimore Avenue

Edward Fox M. D.
Medical Attendant.

Address 190 Penn Ave and 414 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14675 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew James Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Church St

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27 1876

{*Undertaker,* S. W. Chase — *Place of Business,* 198 S. Howard St} *Address* Commrs of Health

James Steuart M. D.
Medical Attendant

Examined & Registered

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Edwin Brown Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No. 11. Hock St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27

Undertaker, Hercules Boss

Place of Business, 180 Hanover St

J. Wm Wallis M. D.
Medical Attendant.

Address No 18. S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th of Dec 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Meyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Albemarle St. No. 101

Cause of Death, { First (Primary,) Spasms

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28/76

Undertaker, Wm Fry

Place of Business, 91 Eutaw Address

Fred. Tyler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

17

Board of Health, City of Baltimore,

Permit No. 14678 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Freeman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union 195

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Uterus

Duration of Last Sickness, 5 a 6 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 27th 1876

Undertaker, Chas. J. Scriven

Place of Business, 211 N Eutaw st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Wallace

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} An Arundel Co Md.

Duration of Residence in the City of Baltimore. 36 yrs.

Place of Death, {Give street and number.} 102 S Spring St

Cause of Death, First (Primary,) Mitral Disease of Heart

Second (Immediate,)

Duration of Last Sickness, 4 mo.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 27th 1876

Geo S. Kinnemon *M. D.*
Medical Attendant.

Undertaker, C. Steiner

Place of Business, E Pratt St *Address* 13 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 14689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Frank Woods

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Preston & Bolton Street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 27th 1876

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

H. J. Cowen M. D.
Medical Attendant.

Address Corner Preston & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14681 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sanders

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1063 Durham St

Cause of Death, {First (Primary.) 1 / Second (Immediate.)} Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemy

Date of Burial, Dec 27th 1876

Undertaker, John H. Locke

Place of Business, Wolf St

James Steuart M. D. Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Anna Sanders Sister in law

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Wm Stidham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

Sex, Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} N E Cor Green & German Sts

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Kidney Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 28th 1876

Undertaker, Jacob Weiner

Place of Business, No 406 Druid Hill Avenue

G B Wiedenmeyer M. D.
Medical Attendant.

Address 88 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Focke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow, or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during past 2 years

Place of Death, {Give street and number.} 219 Townsend St

Cause of Death, First (Primary,) Organic Heart disease

Second (Immediate.)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *Date of Burial,* December 27

P. C. Williams M. D.
Medical Attendant.

Undertaker, W A Daiger

Place of Business, 414 S Broadway *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles Edward Watson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 120 South Ann St.

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Convulsion

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, W E Phil Road Cemetery

Date of Burial, December 28

Undertaker, M A Daigu

Place of Business, 444 S Broadway

D C Copeland M.D.

Medical Attendant.

Coroner E. Dist.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14685 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decem 26th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Lampman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty three *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, all known

Place of Death, { Give street and number. } No 33 McCabbin. St.

Cause of Death, { First (Primary,) Phthisis. / Second (Immediate,) Intemperance. — }

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

D. C. Ireland M. D.
Medical Attendant.
Coroner E. Disb.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orew Lee Gilbert

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 188 Penn Ave

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) " "

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Union Town Carroll County Md

Date of Burial, 28 Dec

Undertaker, J J Chalmers

Place of Business, 262 Penn Ave

Humbert Fox M. D.
Medical Attendant.

Address 190 Penn Ave
414 N. Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit — 465

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Fahrenger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 20 3. Conway St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th

Undertaker, Wm J. Fekner

Place of Business, 65 S. Eutaw st

Frederick W. Stumbe M. D.
Medical Attendant.

Address 213 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14688

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

ALTA. DEPARTMENT DEC 27 1876 BALTIMORE.

Date of Death, Dec. 25th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles F. Rusk

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 24 *Years,* 2 *Months,*

Color, white

~~*Married,~~ Single, ~~Widow or Widower,~~* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, { Give street and number. } 150 E. Fayette St.

Cause of Death, { First (Primary,) } Phthisis Pulmonalis,

{ Second (Immediate,) } Exhaustion,

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 28th 1876

Undertaker, H. Hobbs

Place of Business, 244 E. Fayette St.

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Hart. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 14689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* 21 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 94 Chesapeake St

Cause of Death, {First (Primary.)} {Second (Immediate.)} Phthisis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec 27 '1876

Undertaker, Henry Sander

Place of Business, Canton Ave

H. C. Hull M. D.
Medical Attendant.

Address Highlandtown Balt Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 14691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Butterfield Poisal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, white *Sex,* female

~~Married~~; Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 146 N. Stricker

Cause of Death, {First (Primary,) Diptheria,
{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Jos. C Benzinger M. D.
Medical Attendant.

Date of Burial, Decr 29th 1876

{*Undertaker,* John S Macher
{*Place of Business,* No 150 Camden St *Address* 319 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Lawrence

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 43 S Exeter St

Cause of Death, First (Primary,) Paralysis ~~of Heart~~

Second (Immediate.)

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground Fairy Island

Date of Burial, Dec 31st 76

Geo. S. Kinemon M. D.
Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 & 62 Bals

Address 73 & Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clonnan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md

Duration of Residence in the City of Baltimore, 1 Years

Place of Death, {Give street and number.} Cookie Street. Forest Park Balto Co.

Cause of Death, {First (Primary,) Aneurism of Subclavian Artery
Second (Immediate.) do — " " "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 28/76

Undertaker, Canby

Place of Business, 54 h Broadway

E. H. Jones M. D.
Medical Attendant.

Address Orangeville Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14693

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Reynolds

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 00 (2) *Years,* Six *Months,* Four *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 344 Vine St

Cause of Death, First (Primary.) Inanition

Second (Immediate.)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27 1876

Undertaker, J W Chase

Place of Business, No 198 Howard St

J. E. Thomas *M. D.*
Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen V Pinkus d/ Wm Brooks Pounds

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* one *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Ramsey St

Cause of Death, {First (Primary.) / Second (Immediate,)} Inanition

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, N. Pisllee Cemet

Date of Burial, Dec 27 1876

Undertaker, M. H. C Perry

Place of Business, Pratt St

James A Steuart M. D.
M. Coml Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Caroline Jones Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Furgerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* ~~—~~ *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 Stockton Alley

Cause of Death, {First (Primary,) ~~—~~ Second (Immediate,) Marasmus

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co md

Date of Burial, Dec 27th 1876

James Clemm M. D.
Medical Attendant

{*Undertaker,* Wm. M. Leonard
Place of Business, 782 W. Balto St} *Address* Coroners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. Except in cases of births and deaths of illegitimate children.

Informator Geo. Jennie Furgerson Mother

Board of Health, City of Baltimore,

Permit No. 14696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C V Menzies

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 219 Block St

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 29th

Undertaker, S F Mather

Place of Business, 150 Camden St

A H Henry *M. D.*
Medical Attendant.

Address 76 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Mathieu

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queens County (Ireland)

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} Home for the aged Corner of Eutaw and Fallon sts

Cause of Death, First (Primary,) ... Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Decmbr 28th

Undertaker, Henry Shulthies

Place of Business, No 261 East Baltimore St

Jas Buchanan M. D.
Medical Attendant.

Address No 20 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26 December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysius Milton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Measles

Second (Immediate,) Inflammation of bowels

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 28 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St

Marbury Brewer *M. D.*
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14699 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Two *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 27 S. Schroder St

Cause of Death, {First (Primary,) Pneumonia birth (2 months)
Second (Immediate,) Want of reaction

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 27th 1876

J M Antrim M. D.
Medical Attendant.

{*Undertaker,* Joseph B Cook
Place of Business, No 707 W Balto St

Address 492 Park St
R Cruttin M.D
412 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14700 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Goodmeyer.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 99 Cambridge St.

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Syncope

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec 29th

Dr. Geo. W. Taylor, M. D.
Medical Attendant.

Undertaker, H. M. Gibney

Place of Business, 341 Canton Av. *Address* Cor. Essex & Georgia Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 14701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs R. C Lynch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House-Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 40 to 12 Years

Place of Death, {Give street and number.} Ramsay & Fulton Sts

Cause of Death, {First (Primary.) / Second (Immediate.)} Apoplexy —

Duration of Last Sickness, About 24 Hours —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, December 28th 1876

Undertaker, W. M Leonard & Son

Place of Business, 782 W Baltimore St.

W. R. McAllister M. D.
Medical Attendant.

Address 582 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirty four (34) *Years,* Ten (10) *Months,* Eleven (11) *Days.*

~~Color~~, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 767 W. Baltimore St.

Cause of Death, {First (Primary,) Renal Abscess (Consecutive to Puerperal Metritis —

{Second (Immediate,) Exhaustion, and Shock, attendant upon discharge of pus into abdominal cavity —

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 28

C. C. McDowell M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Leonard Son

{*Place of Business,* 182 West Baltimore St *Address* 290 Madison ave —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14703 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Derry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 33 Clement & C

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Cerebral Apoplexy

Duration of Last Sickness, sudden visit

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1876

Undertaker, H. St. Langell

Place of Business, h 104 East Lee

Edmund Von Lee M. D.
Medical Attendant.

Address 150 Comm h. 12

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 14704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

Date of Death, December 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Fulgum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Norfolk Va.

Duration of Residence in the City of Baltimore, Five (5) Years

Place of Death, {Give street and number.} 25 N. Dallas

Cause of Death, {First (Primary.) Dip. Sore Throat / Second (Immediate.)}

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 28th 1876

Undertaker, Wm. H. Burgess

Place of Business, 104 East St.

J. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M. H. Kilian

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 233 S. Bond St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, all to life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Dec 29 1876

James A Steuart M. D.

Medical Attendant.

Undertaker, H. Beier

Place of Business, 252 Aliceanna

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Kilian Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

Date of Death, December 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Leppard

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widowed or Divorced~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years & 6 Months

Place of Death, {Give street and number.} No 260 Luciana St

Cause of Death, {First (Primary,) Acute Gastritis

{Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem.

Date of Burial, 29th Dec.

Undertaker, Thomas J. Evans M. D.

Place of Business, 260 Luciana St. Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14707 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

Date of Death, Dec 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Klepfenberger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Carey St & Washington Ave

Cause of Death, {First (Primary,) Judasles — Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus — James A Lewis M.D.

Date of Burial, Dec 29th 1876

Undertaker, F. Klepfenberger

Place of Business, — *Address* Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Frank Klepfenberger Father

[over.]

Board of Health, City of Baltimore,

Permit No. 14708 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 71 Perry St — near Paca St

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption 6 months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 28th 1876

Undertaker, M. He. C. Perry

Place of Business, Pratt St — *Address* Coroners office & Register

James Stewart M.D.
Medical Examiner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Smith Brother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

Date of Death, December 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Mitchel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} Light & York.

Cause of Death, {First (Primary,) Second (immediate,)} Tubercular Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Dec 29th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address* 146 Monroe

Thos Ford Rey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

Date of Death, Dec^r 26^th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Sturgis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter on St. Jansin

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Town Hill Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Woodall's Dry Dock in The Basin

Cause of Death, {First (Primary,) Accidentally, Second (Immediate,) Drowned

Duration of Last Sickness, Shot

All the above information should be furnished by the Physician.

Place of Burial, Town Hill Md

Date of Burial, Dec 29 1876

Undertaker, Smith & Dem

Place of Business, 263 Ltl

R. C. Lee M. D.
Medical Attendant.

N. W. cor Eutaw & P.

Address Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 646)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Enor.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland,

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number} 1 N. Front St.

Cause of Death, {First (Primary,) Heart disease.

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 29th 1876

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

J. N. Hanck, M. D.
Medical Attendant

Address 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram & Hannah Franklin Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Douglas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness, all ats life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1876

James A Clemens M.D.

Medical Examiner

Undertaker, W. N. Dunge

Place of Business, East St

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Abram Hannah Parents

(Signature of Undertaker.)

Board of Health, City of Baltimore,

Permit No. 14713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

Date of Death, December 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seventy Four *Years,* ____ *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 74 years

Place of Death, { Give street and number. } 14 Mulberry Court.

Cause of Death, { First (Primary,) Paralysis

{ Second (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaaf's Cem'y

Date of Burial, Dec 28th 1876

{ *Undertaker,* L. L. Chalmers

{ *Place of Business,* Penn Ave

Benjn Whitley M. D.
Medical Attendant.

Address Balt. Gen'l. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, dec 27th 1876 10.30 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Hotes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 16 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 101 N. Exeter St

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate.) Brain Complications

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th 1876 Abram B. Arnold M. D.

Medical Attendant.

Undertaker, Wm J Frey

Place of Business, Fayette & Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th December 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Van Norwick

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 55 *Years,* ... *Months,* ... *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Brick Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give street and number. } 29 N. Eutaw St.

Cause of Death, { First (Primary,) ... Second (Immediate,) Pericarditis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 29/76

Undertaker, Jas S Mackin

Place of Business, 150 Camden

D. W. Owings *M. D.*
Medical Attendant.

Address 66 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th Dec 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 48 Tyson St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29th 1876

C Whitlock M. D.
Medical Attendent.

{*Undertaker,* Wm. James Son
Place of Business, 65 Mulberry St} *Address* 22 W Cullod St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decr 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur & Fanny Seal Twins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Premature birth. ~~Years,~~ infant survived ~~Months,~~ about 30 Minutes ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 239 Argyle Ave

Cause of Death, First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 28

C W Chancellor M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Pen ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hartwig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Few *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 362 E. Fayette St

Cause of Death, {First (Primary,) Typhoid fever. Second (Immediate,) do & Rels. Bowels}

Duration of Last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, December 30th

Undertaker, John Hoffman

Place of Business, North Eden Street

Medical Attendant. M. D.

Address 86 E. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28. 1876 7.20 o'clock.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry G. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 Years, 2 Months, 14 Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line} Child.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} No 131 Lexington St.

Cause of Death, {First (Primary.) Dentition & Constipation. Second (Immediate.) Effusion of the Brain.

Duration of Last Sickness, Sub days.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Dec 29/76

{*Undertaker,* Lentz & Mowen

{*Place of Business,* 31. Paul St.

H. C. Moore M. D.

Medical Attendant.

Address 4 E. Cor Pacca & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} James Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, 7 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore. Entire lifetime.

Place of Death, {Give street and number.} 208 Chesnut St

Cause of Death, {First (Primary.) Membranous Croup

{Second (Immediate,) Apnea

Duration of Last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 29 1876

{Undertaker, James O Byrne

{Place of Business, No 63 So Front St

D W Cathell M. D.
Medical Attendant.

Address 1½ D Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iola Beard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, {Give street and number.} 194 N. Front St

Cause of Death, {First (Primary,) Acute Bronchial Catarrh

{Second (Immediate,)

Duration of Last Sickness, Ailing for several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29 1876

{*Undertaker,* James P^r Byrne

{*Place of Business,* No 63 N Front St

D Webster Cathell M. D.
Medical Attendant.

Address 17 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

Date of Death, December 26th 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ellen J. Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 118 E. Lawson alley

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Natural Causes

Duration of Last Sickness, Three Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 29 1876

Undertaker, D. M. Chase

Place of Business, No 198 Howard st *Address* No 136 E. Balto st

Dr. J. Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14723 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

Date of Death, Dec 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Feeley

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 10 yrs

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 752 W. Pratt St

Cause of Death, First (Primary,) old age

Second (Immediate,) Paralysis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 30 1876

Undertaker, L. B. Cook

Place of Business, W. Balto St

James A Steuart M. D.

~~Medical Attendant~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by — William Ryan Son in Law

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14724

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

Date of Death, December 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Oliver Lemmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Twenty One Months, six Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 11 Ivory Place

Cause of Death, {First (Primary.) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th 76

Undertaker, Geo Schilling

Place of Business, Cor Lexington & Monument St

Wm H Clendinen M. D.
Medical Attendant.

Address No. 139 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

Permit No. 14728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

Date of Death, Dec 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Albert Forrest.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Daughter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 Lee St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritic Croup.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 30th 76

{*Undertaker,* Thos. C. Hughes / *Place of Business,* 60 E. Balto}

R. J. N. Tall, M. D.
Medical Attendant.

Address 158 Lidenas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse McAbee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Locomotive Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No. 264 Park Ave.

Cause of Death, First (Primary,) Phthisis Mucosa.

Second (Immediate,) Haemorrhage from Lungs.

Duration of Last Sickness, 21 Months.

All the above information should be furnished by the Physician.

Place of Burial, Freeland Station

Date of Burial, December 31st 1876

Charles A. Geiger. M. D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave *Address* No. 25 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 147

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ... Dec 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... Fred Cook

Sex, Male or Female, { Cross out the word not required in this line. } ..... Male

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, Varnishing Furniture

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 412 S. Paca St.

Cause of Death, { First (Primary,) Pulmonary

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 weeks & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Water Cem.

Date of Burial, Dec. 29th

..... *M. D.*
Medical Attendant.

Undertaker, J. Blackiston & Son

Place of Business, 606 W. Balt. St. *Address* 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decmb 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Finck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Sex,

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 326 Park Avenue

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia.

Duration of Last Sickness, Abt 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 31st 1876

Undertaker, Asha T. Scriven

Place of Business, 271 N. Eutaw St Address 261 Madison Ave

John Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

Date of Death, December 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Jackson Elliott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Minister of the Gospel & Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 65 & Penn Ave

Cause of Death, {First (Primary,) Typhoid Pneumonia / Second (Immediate,) "}

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 31/76

Undertaker, Cumpston

Place of Business, 34 h Broadway

By Cummert Fox M. D.
Medical Attendant. 6

Address 190 Penn Ave & 414 W Lanvard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Yetta Cohen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 13 Thompson Lt

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) —

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician

Place of Burial, U. Hebrew Cemetery

Date of Burial, Dec 31st 76

Undertaker, Wm Elias

Place of Business, 101 Gough St

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14731 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas McLaughlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 7 *Days.*

Color, White — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 230 Chestnut St

Cause of Death, {First (Primary,) Concussion of the Brain
{Second (Immediate,)

Duration of Last Sickness, 26 Hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Edward P. McDevitt *M. D.*

Date of Burial, Dec 30 1876 Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14732 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, c d *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Parish St rear Saratoga

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30th 1876

{ *Undertaker,* Wm A. Lange
{ *Place of Business,* 111 164 East St,

John Neff M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14733 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie McLean

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md -

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 68 Preston St -

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) convulsions.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 30th 1876

Undertaker, Chas. J. Lerwin

Place of Business. 2718 Eutaw St

G L Dauphine M. D.
Medical Attendant.

Address 129 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

Date of Death, Dec. 28,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm F. Arnjat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Milkman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 779 Light

Cause of Death, {First (Primary.) Apoplexy

{Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore cemetery

Date of Burial, December 31 1876

Undertaker, Charles F. Harold

Place of Business, 161 Hanover St, *Address* 146 Hanover St

Sherlock Cox & Co M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

Date of Death, Dec. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 221 Hamburg st.

Cause of Death, {First (Primary,) Brain fever

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 31 1876

Undertaker, P. McGrade

Place of Business No 198 Howard st

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14736 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th of December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Feind

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 36 Eager Street

Cause of Death, First (Primary.) Diphtheritic gangrene

Second (Immediate.) Failure cordis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 30th 1876

Undertaker, Henry Foster

Place of Business, 162 Harden St

F Cothran M. D.
Medical Attendant.

Address 245 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Nicolaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 8 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Junk Shop

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 58 Block St

Cause of Death, First (Primary,) Consumption of the Lungs

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, First German Hebrew Cemetery

Date of Burial, 31st Dec.

Undertaker, Wm. Nicolaus

Place of Business, 255 Alice Ann

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Margaret Elizabeth Dumay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 110 N. Shroder Street

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) "

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec 31st 1876

Undertaker, J R Cook

Place of Business, No 707 W. Baltimore Street

H Emmert Fox M. D.
Medical Attendant.

Address 190 Penn Ave
414 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14739 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Dec 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben A Berry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 – *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} Cor Bolton & Baltimore sts

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 30th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

E J. W. Wilson M. D.
Medical Attendant.

Address No 33 Ellicott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Susen Murray

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore. Six years

Place of Death, {Give street and number.} 64 S. Ann Street

Cause of Death, {First (Primary.) / Second (Immediate.)} Bronchitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 31st 1876

W. R. Way. *M. D.*
Medical Attendant.

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 66 S Broadway *Address* 29 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Edwin Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 25 Federal Street

Cause of Death, First (Primary,) General debility following Diptheria

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, January 1st 1877

Undertaker, Chas. A. Reiter

Place of Business, 211 E. Eutaw

Address 307 Madison Avenue

R. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Wm Mueller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 3 yrs 8 mos 16 ds

Place of Death, {Give street and number.} 99 S. Eutaw St

Cause of Death, {First (Primary,) 2 Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 31st 76

Undertaker, Thos L Hughes

Place of Business, 66 E Pratt *Address* 379 W Lombard

W. V. Spear *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11713 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Everhart Motter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* Four *Months,* Nineteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 266 Wash st.

Cause of Death, First (Primary,) Catarrh

Second (Immediate.) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem *Dear Bachman* M. D.

Medical Attendant.

Date of Burial, Dec 31st 1876

Undertaker, Chas T Screven

Place of Business, 271 W Eutaw St *Address* 130 Townsend st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 147454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

Date of Death, Dec. 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, col *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} born Tilt Eastern shore.

Duration of Residence in the City of Baltimore, three years

Place of Death, {Give street and number.} No 13 Hillman St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Dallas M Church

Date of Burial, December 31st 1876

Undertaker, John W. Leaks

Place of Business, 518 S. Wolfe

E Troyfoot M. D.
Medical Attendant.

Address 67 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Huttlemyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Woodville, Calumet Co. Wisconsin

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 309 Eastern Avenue

Cause of Death, {First (Primary,) Inflammatory Croup

{Second (Immediate,)

Duration of Last Sickness, Do not Know, saw it just previous to death

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, Dec. 31st 1876

Undertaker, M. A. Daiger

Place of Business,

James T. Shaw M. D.
Medical Attendant.

Address 68 & 70 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial Permit No 651

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28th to 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija D Hawkins.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Tennessee

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 111 Chesnut alley.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Dec 30th 1876

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

John D Pennington M. D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

14747

Permit No. 14747

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Elias

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Mulato

~~Sex,~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tanner.

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Chestertown, Kent Co. Md.

Duration of Residence in the City of Baltimore. Thirty years

Place of Death, {Give street and number.} No. 81 More alley

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1876

Undertaker, Wm Jones Son

Place of Business, 43 Mulberry St

F. B. Gardner M. D.

Medical Attendant.

Address 121 Mulberry St. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Blakee.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 151 York St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Valvular Disease,

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 1 th 1877

{*Undertaker,* Henry Brielle

Place of Business, Henrietta St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 58 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dezember 29. Nachm.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Barber.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39. *Years,* 8 *Months,* 8 *Days.*

Color, white *Sex,* Male

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Selsman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 39. 4

Place of Death, {Give street and number.} N. E. Corner of Pine & Baltimore

Cause of Death, First (Primary,)

Second (Immediate,) Asphixia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 31 1876

Undertaker, Hughes & Co

Place of Business, 830 Fayett

John S. Miller, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14751

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose mary Rudolph.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 5-7 Years.

Place of Death, {Give street and number.} 394, S. Charles St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis Pulmonalis.

Duration of Last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2nd 1877

Undertaker, Chas. F. Eckel

Place of Business, 161 Cansell

R. J. N. Tall M. D.
Medical Attendant.

Address 158, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

Date of Death, December 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel F Revell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, about 14 years

Place of Death, {Give street and number.} 19 Clinton Avenue

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,) about 1 hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Kearney County Va

Date of Burial, January 1st 1877

Undertaker, Jacob Weaver

Place of Business, No 406 Druid Hill Avenue

H Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 152

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9h 30m A. M. 29th December, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Augusta Hock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Sixteen *Years,* Ten *Months,* Three *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City – Maryland

Duration of Residence in the City of Baltimore, 16 yrs – 10 mths & 3 days

Place of Death, {Give street and number.} No 11, Patterson Lane cor Canton St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, From 30 – 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 31st Dec 1876

Wm A. Worth M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, 709 W. Balt. st. *Address* 83 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bald City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 317 N. Howard St

Cause of Death, {First (Primary,) Spine disease

{Second (Immediate,) —

Duration of Last Sickness, all its life —

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 31 1876

James A Steuart M. D.

Undertaker, M. H. C Perry

Place of Business, W. Pratt St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophina Williams Grandmother

[illegible]

Board of Health, City of Baltimore,

Permit No. 14755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1876 BALTIMORE

Date of Death, December 24 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James W McFrederick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 16 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 18 Pearl St

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate.) Weak

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 31 Dec

{ *Undertaker,* J Hehelmus

{ *Place of Business,* 262 Pennsylvania Ave *Address*

L. H. Butler M. D.
Medical Attendant.
"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14756 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Richl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven — *Years,* — Ten — *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation.*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 303 Gough st

Cause of Death, First (Primary,) Casualty. (The explosion of a boiler)

Second (Immediate,) (in the harbor (yesterday)

Duration of Last Sickness, —— —— —— —— —— —— ——

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, December 31st 1876

Undertaker, John C. Schuck

Place of Business, No 265 Aliceanna St

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Sinclair

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 Years, X Months, X Days.

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, {Give street and number.} 433 Eastern Avenue. Balto.

Cause of Death, {First (Primary,) Hemiplegia. Second (Immediate,) Asthenia

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician

Place of Burial, Methodist Prot. Ch. Pulaski Road

Date of Burial, Dec 31, 2. P.M

Undertaker, B. F. Leonard

Place of Business, Reid Hall 233 E. Balto. *Address* 317 E. Balto. St.

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SA

Board of Health, City of Baltimore,

Permit No. 14758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Edmunds,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork

Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Cath St

Cause of Death, {First (Primary.) Pneumonia

Second (Immediate,) 3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Dallis st

Date of Burial, Dec 31/76

Undertaker, John W. Locke

Place of Business, 59. S. Wolfe st

L. H. Houck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1876

Date of Death, Dec 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henrietta Gaury & Johnson Black Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 East St

Cause of Death, {First (Primary,) / Second (Immediate,)} Ingestion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 31st 1876

Undertaker, W. N. Dunger

Place of Business, East St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in cases of births and deaths of illegitimate children~~.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Dec 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cordelia Hunt

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* four *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 Pine St Balto

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 31 76

Undertaker, A W Chase

Place of Business, 191 Shroeder Ave

A L Thurston, M. D.
Medical Attendant.

Address 144 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

Date of Death, Dec 30th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Dryden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, Blk

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. } *Sex,*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cuba.

Duration of Residence in the City of Baltimore, Yrs.

Place of Death, { Give street and number. } 67 Chestnut Alley

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Wm. J. Loudwood

Date of Burial, Dec 31 1876

Undertaker, W. N. Burger

Place of Business, East St.

Address Balto. Gen. Dispensary

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip E. Johnson

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 2 Years, | Months, | Days.

Color, C

Married, Single, Widow or Widower, { Cross out the words not required in this line. } M

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 87 S Dallas St

Cause of Death, { First (Primary,) } Pneumonia

{ Second (Immediate.) } 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1875

{ *Undertaker,* } Fehr & Hoch

{ *Place of Business,* } 55 S. Holy st

Address Eastern Disp.

M. D.
Medical Attendant.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish the Undertaker or other person or persons superintending the burial, a Certificate in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd 7th M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tirath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 11 Valley St.

Cause of Death, First (Primary,) Scarlet fever (Malignant)

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 31st 1876

Undertaker, Pat P Byrne

Place of Business, 63 N Fremont

Jno Buck Byrd *M. D.*
Medical Attendant.

Address 116 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Ryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 18 Addison st.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan. 1st 1877

Undertaker, Jos. Byrne

Place of Business, Front st.

James A Sloan M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st December 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Howard Getty / White

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, — *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 182 N Carrollton Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Menengitis,

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan. 2d 1877

Undertaker, J. W. Blackiston & Son

Place of Business, 606 W. Baltimore St.

G. G. Jones M. D.
Medical Attendant.

Address No 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 1877 BALTIMORE

Date of Death, Dec 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Seven Years, Months, Ten Days.

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Near Seventy years

Place of Death, {Give street and number.} No 60 N Fremont

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Probably Disease of Brain

Duration of Last Sickness, Four hours

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cem'y

Date of Burial, January 2nd 1877

{Undertaker, Adam Widmayer

{Place of Business, 178 W. Baltimore St.

Address 87 Mulberry M

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th December 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Elizabeth Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 80 years.

Place of Death, { Give street and number. } 162 George St.

Cause of Death, { First (Primary,) } Valvular Disease of Heart.

{ Second (Immediate,) } 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Park

Date of Burial, January 1st 1877

Undertaker, Jos Evans

Place of Business, 568 W Baltimore Street *Address*

S. H. Littell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30 th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Harris Myers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 9 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 16 Hanover

Cause of Death, { First (Primary,) Scarlatina / Second (Immediate,) Diphtheria

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Hebrew Cemetery

Date of Burial, Jan 1 st 77

{ *Undertaker,* Wm Ellis

{ *Place of Business,* 101 Gough

J G Wineke *M. D.*

Medical Attendant.

Address 209 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Conrad

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Clement Ct

Cause of Death, {First (Primary.) Chorea

{Second (Immediate.)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Jan 2nd 1875

Undertaker, Chas H. Herbert

Place of Business, 161 Hanover

Address 10 Clement Ct

Leo, H. Benson M. D.
Medical Attendant

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Rosenii

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Baltimore City

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore, 5 yrs 1873. B. Maternal

Place of Death, { Give street and number. } Scalded

Cause of Death, { First (Primary,) ... Second (Immediate,) } one Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimitary

Date of Burial, January 1st 1877

Undertaker, H. A. Gibmeyer

Place of Business, 341 Canton Ave

Address [illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Infant of Wm Steward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 hour old Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 130 N. Exeter St.

Cause of Death, {First (Primary.) Falling of the Mother

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 1st 1876

Undertaker, Wm Fryer

Place of Business Boadway & Fogle

James A Clemm M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th day of Sept, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Oberlender

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 138 E Fayette St.

Cause of Death, { First (Primary,) Scarlet fever
{ Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 1877

{ *Undertaker,* Ch Herring
{ *Place of Business,* 136 E Fayette St

Fred. Hefs M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thanon Elwood Doll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* — *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 588 N. Back. Street

Cause of Death, {First (Primary,) Membranous Croup

{Second (Immediate.)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 1st 1877

Chas. N. Neff M. D.
Medical Attendant.

Undertaker, John L Kercher

Place of Business, No 150 Camden *Address* 306 N. Bayliss Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliz. J. Hurley

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 74 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland 10 years.

Duration of Residence in the City of Baltimore, 14 y Hanover St.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) about 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, 1st Jany 1877

Undertaker, Wm. Justice & Son

Place of Business, 16 Light St

Felix Jenkins M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph C. Wright

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower; { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Co Tipperary Ireland

Duration of Residence in the City of Baltimore. .....

Place of Death, { Give street and number. } Co Pratt & Hoyt Sts

Cause of Death, { First (Primary,) Paralysis

Second (Immediate,) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 1st 1877

Undertaker, Andrew Leetz

Place of Business, 118 Druid Hill Av. *Address* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Bayne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 8 & 6 S. Ann St.

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,) Exanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jany 1st 1877

Undertaker, [illegible]

Place of Business, [illegible] *Address* 406 E. Balto. St.

E. P. Sons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec : 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reynolds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brass Founder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City, Balt. Co.

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and number.} S. W. Cor. Hampden & Dallas sts

Cause of Death, {First (Primary,) ~~Traumatic~~ Strangulated Hernia

{Second (Immediate,) Bowel sloughing after Operation

Duration of Last Sickness, 4 days & half for Hernia 3 days & half

All the above information should be furnished by the Physician

Place of Burial, St Patrick's Cemetery

Date of Burial, January 1st 1877

Undertaker, James M Byrne

Place of Business, No 63 N Eutaw St

2nd Thurnheimer M. D.
Medical Attendant.

Address Arbor, Calvert Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st. January 1877. 3.30 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Alexander. Phebe. Peace.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5-3- *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} *Sex,*

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nantucket. Mass.

Duration of Residence in the City of Baltimore, Eighteen years.

Place of Death, {Give street and number.} 423. Hanover St.

Cause of Death, First (Primary,) Dragueris - Obliteration of Ductus Com. Choledochus. causing Chronic jaundice -

Second (Immediate,) Ascites - & hydro-pericarditis -

Duration of Last Sickness, about three months.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 21st 1877

Undertaker, Thos. Lytle

Place of Business, 263 Light

W. Evan Bibbins M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1877 BALTIMORE

Date of Death, Dec. 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Scherer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Years, 2 Months, 22 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 204 East ave Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 204 East. ave Balto. city

Cause of Death, {First (Primary.) / Second (Immediate.)} Scarlet fever Malignant

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, January 1. 1877

Undertaker, Pendleton Lifford

Place of Business, 5 Bond St 136

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11780 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} N. H. Peabody

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. Durham St.

Cause of Death, First (Primary,) Spinal Meningitis,

Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 2d 1876.

Undertaker, J. W. Locke

Place of Business, Bond St

G. G. Cook M. D.
Medical Attendant.

Address Balt. & Back. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14781 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Francis Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} #78 Holland St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Hebrew Cemetery

Date of Burial, January 1st 1877

Undertaker, John W. Loehr

Place of Business, 57 & Hall st

Geo. H. Mapson M. D.
Medical Attendant.

Address # 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* — *Months,* — *Days.*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Parish Alley.

Cause of Death, {First (Primary,)} Diphtheria

{Second (Immediate,)}

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 1st 1877

{*Undertaker,* Wm James Jr

{*Place of Business,* 65 Mulberry St

L. W. Annis M. D.
Medical Attendant.

Address Cor Strieby & Prestman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 14783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 83 S Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Dr. E. Clayton* M. D.

Date of Burial, Jan 1st 1877 Medical Attendant.

Undertaker, Wm Somerville

Place of Business, 65 Hanover St *Address* 18 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

Date of Death, Dec 31st 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Hollansbee

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 71 *Years,* 11 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } W

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Boston Mass 35 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 25 Clinton Av

Cause of Death, { First (Primary.) } Effusion on brain

{ Second (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 2nd Jan 1877

Undertaker, Jacob Hearn

Place of Business, No 626 Orleans St

6 Winslow M. D.

Medical Attendant.

Address 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

Permit No. 14785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Behrends

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 42 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 38. Sharp St.

Cause of Death, { First (Primary,) Congestion of Brain

Second (Immediate,) Child was taken sick in Convulsions, I suspect, Scarlet fever poison

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Har Sainis Cem. *Date of Burial,* Jan 2nd 1876

Felix Jenkins M. D.
Medical Attendant.

Undertaker, C. Hollander & Son *Address* 2 Cathedral St.

Place of Business, E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of [illegible]

Board of Health, City of Baltimore,

Permit No. 14784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas E. McGrath

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 120 East

Cause of Death, { First (Primary,) Typhoid Intermittent

Second (Immediate.) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2d 1876

{ *Undertaker,* J. B. Blackiston & Son
{ *Place of Business,* 606 W. Baltimore St

[illegible] M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Bogue

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ~~X~~ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 699. W Fayette St

Duration of Residence in the City of Baltimore, 3 months,

Place of Death, {Give street and number.} 699, W Lombard & Fayette St

Cause of Death, First (Primary,) ____ Second (Immediate,) Consumption

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. J. D. Wilhelm M. D.

Date of Burial, Jany 2d. Medical Attendant.

Undertaker, Jas. P. Byrne

Place of Business, 63 N Front St *Address* 169 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 14788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances McFarland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 34 N. Wash st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 3d 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

G. G. Keck M. D.

Medical Attendant.

Address Balt & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia C. Hauck,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 31 Lancaster st

Cause of Death, First (Primary,) Scarlatina,

Second (Immediate.) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2d January 1877

Nicholas L Dashiell M. D.
Medical Attendant.

Undertaker, Leonhard Veney.

Place of Business, S. Bond street No 222. *Address* 217 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 14790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

Date of Death, December 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie J Boyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six (6) *Years,* Ten (10) *Months,* Twenty Eight (28) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Bartlett St

Cause of Death, {First (Primary,) Measles. Second (Immediate,) Diphtheria (Malignant)

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Jan 2th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross.

Jno. D Blake M. D.
Medical Attendant.

Address 136 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

Board of Health, City of Baltimore,

Permit No. 14791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lawler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 158 Aisquith St

Cause of Death, {First (Primary,) Senility

{Second (Immediate,)

Duration of Last Sickness, Since two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 2nd Jan 1877

{*Undertaker,* Wm Ehrichmann

{*Place of Business,* Gay St 234

Elgar Wells M. D.

Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 11794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy A. Merrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbott Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} # 66 Barnes St.

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,) Paralysis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2nd 1897

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gardner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 56 Walker St

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 2 1877

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St

James Steuart M. D.
Medical Attendant.

Address Commrs of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm H. Gardner Father [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 14794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 2 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give street and number.} 2 Exeter St

Cause of Death, First (Primary,) Abscess Cause? Tonsil obstructed

Second (Immediate,) Asphyxia Suffocation

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Stallphonsal Cemetery

Date of Burial, Jan 3rd 77

Undertaker, Geo. Schilling

Place of Business, Virgin & Monument St *Address* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

Date of Death, Dec 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas L. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Watchmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md Cecil County

Duration of Residence in the City of Baltimore, all life save 16 mos

Place of Death, {Give street and number.} 388 Washington St

Cause of Death, {First (Primary.) Disease of head

{Second (Immediate.) Congestion of lungs?

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician

Place of Burial, Mount Olive Cemetery

Date of Burial, Jan 3d 1876

Undertaker, Hy H. Mears

Place of Business, 45 N Gay St

Edmund R Walker M. D.
Medical Attendant.

Address Corner N. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Isaac & Elizabeth Shorter (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Brown Alley

Cause of Death, {First (Primary,) Hemorrhage from Navel according to Statement of Midwife

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 2 1817

Undertaker, Michael Perry

Place of Business, 148 W Pratt St

M. J. Antrim M. D.
Medical Attendant.

Address 192 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Baldwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Prince Geo Co Md

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 45 Years — 6 Mo

Duration of Residence in the City of Baltimore, 65 East Fayette St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) General debility

Second (Immediate,) 5 years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, January 3d 1877

Undertaker, John Machin

Place of Business, No 180 Canton Address 76 Aisquith St

D. Hennessy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 " 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline McCallister

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Luzerne St

Cause of Death, {First (Primary,) Whooping cough

{Second (Immediate,) "

Duration of Last Sickness, one week "

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 3 " 1877

Undertaker, John Braun

Place of Business, ...

James Lewis M. D.

Address Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William McCallister Father

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry S. Kinnemon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 57 yr

Place of Death, {Give street and number.} 73 E Pratt St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Hollins June 3rd 1877 Geo. S. Kinnemon **M. D.**

Date of Burial, Green Mount Medical Attendant.

Undertaker, Thos. C. Hughes *Address* 73 E Pratt St.

Place of Business, 43 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hammond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Vincent Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 2nd 1877

Undertaker, Michael Perry

Place of Business, W Pratt St

James A Lewis M. D.
Medical Attendant

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Jordan

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kline

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, four 4 *Years,* — *Months,* — *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 18 Abell St

Cause of Death, { First (Primary,) Croup
Second (Immediate,) Coma

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cem. Balto Co.

Date of Burial, January 3 1877

M. D.
Medical Attendant.

Undertaker, Henry Stuck

Place of Business, 40 Central Ave *Address* 120 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Burden

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 President St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 7th 1877

James A Steuart M. D.

Undertaker, F. Dreany

Place of Business, Canton Ave

Address Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas Burden

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14803 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 Dec. '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Leach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County Md.

Duration of Residence in the City of Baltimore, 15 mos

Place of Death, {Give street and number.} St Vincents Infr Asylum.

Cause of Death, First (Primary.) Tuberculous meningitis

Second (immediate,) Coma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 2 - 1877

Undertaker, Saml Bowen

Place of Business 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 114804

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 Dec. 1826

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Premature Birth. 7½ hours

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 2. 1826

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14805 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 Dec. 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 21 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) 2 + hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 2. 1917

Undertaker, Saml Bowers

Place of Business, 156 Division St

Mabury Brewer *M. D.*
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 22 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 158 York

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jany 3rd 1877

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Sauerland

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 Year *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Spasmodic Croup

{Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 2/77

Undertaker, C. Rossing

Place of Business, 136 E Fayette

G. Liebmann *M. D.*
Medical Attendant.

Address 68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 14818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1977 BALTIMORE

Date of Death, Dec. 31 st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis

Duration of Residence in the City of Baltimore, twenty three years

Place of Death, {Give street and number.} North Bethel st No. 177.

Cause of Death, {First (Primary,)} Miscarriage

{Second (Immediate,)} acute peritonitis

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Tuesday Jany 2nd 77

Undertaker, Richd Hall

Place of Business, 233 E Balt st

Milton A Taylor M. D.
Medical Attendant.

Address Broadway & Elderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14809 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Tulan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} S. Caroline st

Cause of Death, {First (Primary.) Pertusis / Second (Immediate.) Pneumonia

Duration of Last Sickness, several WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Lirlimore Cemetery

Date of Burial, Wednesday 3 January

{*Undertaker,* Lucy Jane Lucy / *Place of Business,* 277 S Broadway}

Dr. Mackenzie M. D.
Medical Attendant.

Address 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Talbot Co. Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 57 Arch St

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) & 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 31st 1877

W. H. Stemb M. D.
Medical Attendant.

Undertaker, William H. Turner

Place of Business, No 104 East St. *Address* 618 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kaye

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 215 E Baltimore

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Jan 3rd 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Ely M. D.
Medical Attendant.

Address 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 1- 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McKinsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 11 m.

Place of Death, {Give street and number.} 36 Foster alley

Cause of Death, {First (Primary,) Measles; Second (Immediate,) Convulsions}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, [illegible] 1877

Undertaker, [illegible] ase

Place of Business, [illegible] Howard St

G. L. Fairchild M. D.
Medical Attendant.

Address 129 N Bedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Phoenix T. Bell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 4½ yrs

Place of Death, {Give street and number.} 153 Pine St.

Cause of Death, {First (Primary,) Tuberculous Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jany 2 1877

Undertaker, J. Nichols

Place of Business, No 1982 Pine St.

Louis McEgbman M. D.
Medical Attendant.

Address 249 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE.

Date of Death, Dec 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabbetha ? Payne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Eleven Lane

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1878

Undertaker, J. Pearce

Place of Business, 181 Howard St

Harvey Gill M. D.
Medical Attendant.

Address 113 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Blk

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 149 Pierce st

Cause of Death, {First (Primary,) Phthisis Pulm

Second (Immediate,) ____

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 2 1877

Undertaker, J. Whose

Place of Business, 149 Howard st

Samuel M Coulson M. D.
Medical Attendant.

Address 149 Pierce st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayor Q Diett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland - 34 years -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 Welcome Alley.

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Paralysis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3 1877

Undertaker, [illegible]

Place of Business, [illegible]

L. A. Bell M. D.
Medical Attendant.

Address 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hajek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Millerman St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 2nd 1877

{*Undertaker,* Chas Shuffey / *Place of Business,* E Pratt St} *Address* Commrs of Health & Register

James A Steen M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Albert Weihrer Friend

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14818 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Stumpf

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} 59 James Alley.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 4th

{*Undertaker,* H Bridle
Place of Business, Hanover St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 157 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Jan 1st 187[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Burk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor ls not required in this tree.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 20 years.

Place of Death, {Give street and number.} 233 Preston Street

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) ~~eight months~~ eight months

Duration of Last Sickness,

All the above loformation should be furnished by the Physician

Place of Burial, Stranahans

Date of Burial, Jan 3d 1877

{*Undertaker,* J. Saffan

{*Place of Business,* 121 Penna St.

Henry F. Garey *M. D.*
Medical Attendant.

Address 76 Park Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1917 BALTIMORE

Date of Death, January 1st 2 A. M. 1917

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lilian Hilkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four (4) Years, Months, Four (4) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 77 So. Broadway

Cause of Death, {First (Primary,)} Diphtheria

{Second (Immediate,)} Depression

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, Dec 3, 17

Undertaker, J. L. Hilkins

Place of Business, 748 Bway

Address 77 So. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Mc Jenn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 *Years,* *Months,* *Days.*

Color, Negro? White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Photograph Operator

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N24 Constitution St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Perrymansville Howard Co. Md.

Date of Burial, January 4th 1877

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St.

Address

O'Meara M. D.
Medical Attendant.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

153 Turner

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Jan. 2 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cora E. Smith

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, *Years,* 7 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balt.

Cause of Death, { First (Primary,) Second (Immediate,) } 8 Hagers Ct Pertussis Convulsions 5 wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 3 /76

Undertaker, Wm. H. Young

Place of Business, 1004 East st

H. T. Reynolds *M. D.*

Address 186 August St. *Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertuker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14823

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Jan 2 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvis W. Fuchs

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* 6 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 270 Central Av.

Cause of Death, { First (Primary,) } Brain disease

{ Second (Immediate,) } Three days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Thomas Cemetery

Date of Burial, January 4 1877

{ *Undertaker,* Henry Fosch

{ *Place of Business,* 269 Central Ave

Abram B Arnold M. D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14824

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Jan 3rd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary D. Hunter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore. Md

Duration of Residence in the City of Baltimore, 28 yrs. 7 mos.

Place of Death, { Give street and number. } No 17 N. Front St.

Cause of Death, { First (Primary,) Hydro-pericardium. Second (Immediate,) Asthenia 7 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Church

Date of Burial, Sunday 5 1877

Undertaker, Henry Hyde

Place of Business, 30 Central Ave

Wm. J. O'Leary M. D.
Medical Attendant.

Address 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 14825

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jenny Unverzagt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex, Female

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 36 Hillyard St

Cause of Death. { First (Primary,) Spasms

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 4 — 1877

Undertaker, John F Rademayer

Place of Business. Cor Brennant Ave & Monument St *Address*

Fred Hoffy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 14826

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Hilliard ~~Howard~~ Jany 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Hilliard House city

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 4th Jany 1877

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St

C B Gamble M. D.
Medical Attendant.

Address 46 Richmond Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
...sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish
...ht hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate
...as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person
...e and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Dec 31st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Mayer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } 134 Tyson st

Cause of Death, { First (Primary,) } Dysentery

{ Second (Immediate.) } 5 months

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Jan 3d

Undertaker, John C Jordan

Place of Business, 63 Fifth avenue

C B Gantz M. D.
Medical Attendant.

Address 116 Richmond st
(Late Lee st)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

N 14828.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT

CERTIFICATE OF DEATH.

Date of Death, Dec 30

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Louis Colored

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mount St near Ramsey

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } Mount St near Ramsey

Cause of Death, { First (Primary,) Scrofula

Second (Immediate.) Hem Colitis

Duration of Last Sickness, R. K. Lucas M. D.

All the above information should be furnished by the Physician. Medical Attendant.

Place of Burial, W. Publick Cemetery Address 554 Hanover

Date of Burial, Jan. 3rd

Undertaker, Mc. H & Perry

Place of Business, 468 West Pratt St

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14829

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTM... 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elyanor Foreman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Two *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 8, Peach alley

Cause of Death, {First (Primary,) Of Produse / Second (Immediate,) Bronchitis congestion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, January 3

Undertaker, Hercules 2d

Place of Business, 150 West St

J. D. Dyer *M. D.*
Medical Attendant.

Address No. 14 Guilford Ave Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 14831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

Date of Death, Jan. 2d 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Linder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 21 Months, Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ball

Birthplace, { State or country (and How long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number. } 16 Somerset St

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,) 7 days

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Holmes Burying Ground

Date of Burial, 4th Jan. 1877

Undertaker, Jno. E. Owens

Place of Business, Bond St. 186 Aisquith St

Address

H. P. Burnett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14831

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd / 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Mears

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City. since birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 11 Bennett Pl. Canton

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 4 1877

{*Undertaker,* Wright & Co

{*Place of Business,* 65 S. Broadway *Address* 1 S. Broadway

C. Edward Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14832

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sidney H. Goldsborough

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Twenty seven Years, Months, Days.

Color, White *Sex,* Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 68 S. Sun St.

Cause of Death, { First (Primary,) Puerperal peritonitis

{ Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Bltr cemetery

Date of Burial, Jan 4th 1876

Undertaker, Haughey & Co

Place of Business, 658 Broadway

John S. Synder M. D.
Medical Attendant.

Address 524 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14833

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Platt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 8 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore during Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 340 Aliceann St

Cause of Death, {First (Primary,) Abdominal Abscess

{Second (Immediate.) Pyemia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemitary

Date of Burial, Jan 4th 1877

Undertaker, Henry Santer

Place of Business, 252 Canton Av

A L Shertzer M. D.

Consulting Physician or Medical Attendant.

Address 118 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 14834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, January 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Months,* 13 *Days.*
Years,

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 56 Sharp St.

Cause of Death, {First (Primary.)} Marasmus

{Second (Immediate.)} 1 Mo. 13 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 4th 1877

{*Undertaker,* Jacob Weaver

{*Place of Business,* 614 & 616 Druid Hill Ave.

R. G. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14835

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta Lauer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 3 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1129 Harford Ave

Cause of Death, { First (Primary,) Pertussis

{ Second (Immediate,) Cerebral Congestion 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4 1877

Undertaker, Henry Hoen

Place of Business, 309 Central Ave *Address* Dr. S. Shaffer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14836 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Margaret Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 18 Pine St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate.) Consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters, Ce

Date of Burial, Jan 4 — 1877

J. A. Gillis M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St *Address* 93 E. Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14837

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gorney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 732 West Fayette St.

Cause of Death, {First (Primary,) Shot with a pistol ball

Second (Immediate,) Peritonitis.

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 4

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Coroner's Certificate

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14838

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correct out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wife Ross Mary Ann

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 Balto Co Alms House

Cause of Death, { First (Primary,) } 326 11 Hours Acute Endocarditis

{ Second (Immediate,) } Peritonitis

Duration of Last Sickness, Bur Jan 5

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 5

Undertaker, Wm Bishop Jr

Place of Business, Druid Hill Av and Biddle st

Address 154 Monument

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11839

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosabella Slicer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Always.

Place of Death, { Give street and number. } 275 Madison Ave.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January [redacted] 1897

Undertaker, W A Daigle

Place of Business, 911 W Biddle *Address*

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14840

OFFICE OF REGISTRAR OF VITAL STATIS
BALTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Savinia F. Weeks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five Years, Seven Months, Eighteen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 282 Madison Ave

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 4 1877

Undertaker, A. H. Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 11811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Etting

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 74 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lifetime

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 270 N Lexington St

Cause of Death, { First (Primary,) Double Pneumonia / Second (Immediate,) Sixdays

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mackpelah Grave Yard Boundary Ave near Penn Ave

Date of Burial, 5th January 1877

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St

Address 135 N Charles St

Reese Bucklew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14842

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Forsyth

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Seventy five Years, ... Months, ... Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Gas burner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and number. } 35 Holland St

Cause of Death, { First (Primary.) } Cold

{ Second (Immediate.) } Pleuro-pneumonia

Duration of Last Sickness, About two months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 5th 1877

Undertaker, Geo. Schilling

Place of Business, Eighth & Monument

Address Baltimore ... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14843

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requ to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since Life.

Place of Death, {Give street and number.} 179 S. Sharp st

Cause of Death, {First (Primary,) Acute Gastritis;

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jany 4th 1877 . C. H. Cook M. D.

Medical Attendant.

{*Undertaker,* John S. Flacher .

{*Place of Business,* 150 Aisquith Address Cor. Eutaw & Monument sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT BALTIMORE

Permit No. 14844

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Summerfield Laurie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 3 *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No. 18 S. Pine St.

Cause of Death, {First (Primary,) Ruptare / Second (Immediate,) Strangulation

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 4th 1877

Undertaker, Wm. H. Bielefeld Jr

Place of Business, 103 Druid Hill Ave

J. B. Gardner M. D.
Medical Attendant.

Address 121 Mulberry st. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the patient, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Brest. City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 Division St.

Cause of Death, {First (Primary,) Scarlatina Maligna

{Second (Immediate,) Anasarca

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 4th 1877

{*Undertaker,* Jacob Weaver

{*Place of Business,* Nos 496 Druid Hill Ave

Mahlon Brown M. D.
Medical Attendant.

Address 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14846

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

Date of Death, Jany 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colrd.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 116 S. Bethel St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, January 4th 1877

{*Undertaker,* John W. Lotts

{*Place of Business.* 58 S. Wolf St

James E. Donnelly M. D.
Medical Attendant.

Address 292 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella E Downing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* 12 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, as soon

Place of Death, {Give street and number.} 63 N. Charles St

Cause of Death, {First (Primary,) ... Phthisis Pulmonalis

{Second (Immediate,) "

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 5th " 1877

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St "

Hummert Hoy M. D.
Medical Attendant.

Address 190 Penna Ave
414 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14818

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Franklin Sines

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 21 Months, Days.

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 13 Union St

Cause of Death, { First (Primary,) Second (Immediate.) } Scarlet a Tubercle on Brain Sexual Mouth

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 5. 1877

Undertaker, John C Jordon

Place of Business, No 63 Park Ave

St Clair Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

HEALTH DEPARTMENT JAN 1877 BALTIM

Permit No. 14849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, January 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Emily Ayers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *~~Months~~,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All of her Life time

Place of Death, {Give street and number.} No 339 N Howard St

Cause of Death, First (Primary,) old Age & Consumption

Second (Immediate,)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 5 January 5 1877

Undertaker, John C. Forda

Place of Business, 1363 Park Ave

F W Carell M. D.

Medical Attendant.

Address No 23 Bath St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

Permit No. 14857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, Wood Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore. 60 Yrs

Place of Death, {Give street and number.} E Monument St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Dysentery

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 4 Jan 10 Oclock A.M.

Undertaker, George C. Rodenmayer

Place of Business, 38 Union St

James J Rae M. D.
Medical Attendant.

Address 58 E Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14857

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*, *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

Date of Death, January 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Male

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 167 Brown St.

Cause of Death, First (Primary,) Scrofula. Malignant

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6 1877

Undertaker, ... M. D.

Place of Business, 198 Aliceanna St Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,}

Age, Not Known *Years,* but supposed *Months, between* Sixty & Seventy *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth} Not Known

Duration of Residence in the City of Baltimore. Not Known

Place of Death, {Give street and number.} At the Aged Men & Women's Home 93 Lee St.

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, Jan 4 1917

Undertaker, J. F. Bokern

Place of Business, No 190 Howard St.

L. M. Hale *M. D.*
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14853

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Geasey.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House woman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard Co. Md.

Duration of Residence in the City of Baltimore, 16 Years.

Place of Death, {Give street and number.} 134 Raberg st.

Cause of Death, First (Primary,) Pneumonia (double)

Second (Immediate,) "

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jany 4th 1887

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

Jno D Pennington M. D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14857

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *Secure* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N100 Bolton alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown as no Physician saw him.

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4 1877

Geo C Ogle Coroner, M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty f the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ithin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14855

OFFICE OF REGISTRAR OF VITAL STATE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3d January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Vinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery County

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} St Vincents Infant asylum.

Cause of Death, First (Primary,) Cardiac disease

Second (Immediate,) Chronic Diarrhea.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jany 5. 1877

Undertaker, George Saffran.

Place of Business, 121 Fayette

Mahon Brown M. D.
Medical Attendant.

Address 201 N. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14856

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katrina Eafser

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 y 1 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Inf

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Dunham St

Cause of Death, {First (Primary,) Entero Colitis

{Second (Immediate,) Acute Laryngitis

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, January 5

Undertaker, Martin Tiffel

Place of Business, S. Bond St 151

Dr C Benzing M. D.
Medical Attendant.

Address Cor Boundary & Fort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 14857

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the [illegible] decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Nine Years

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 41 Block

Cause of Death, {First (Primary,) Scrofulosis / Second (Immediate,)}

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Aphonses Cem.

Date of Burial, January 5

{*Undertaker,* Wendelin Diffel / *Place of Business,* S. Bond St 161}

James E. Donnelly M. D.
Medical Attendant.

Address 222 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore.

Permit No. 14858

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate without delay, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Pryor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ohio.

Duration of Residence in the City of Baltimore, 14 years,

Place of Death, {Give street and number.} 366 Durham St.

Cause of Death, {First (Primary,) Asthma.

Second (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 5 1877

{*Undertaker,* William Hickman

Place of Business, N. Gay St near Bath St

Eldridge C. Price, M. D.
Medical Attendant.

Address 262, Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

Board of Health, City of Baltimore,

Permit No. 11859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

Date of Death, Jan 4th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose J Heinzman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wife Mother

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Pine st.

Cause of Death, {First (Primary,) Second (Immediate,)} Believed to be Heart disease, death was sudden.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 6th.

Undertaker, Henry Thyer

Place of Business, 106 E Howard st Address

Geo G Gill Coroner, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 14860

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE

Date of Death, January 5th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sharp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Married

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North Eutaw St No 7

Cause of Death, {First (Primary.) Fibroid Tumor (Abdominal

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 6th 1877

Undertaker, John N. Weaver

Place of Business, # 22 W. Fayette St

J. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11861

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, [illegible] *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} [illegible]

Cause of Death, { First (Primary,) [illegible] / Second (Immediate.) [illegible]

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 5th 1877

M. D.
Medical Attendant.

Undertaker, Andrew Gait

Place of Business, 115 Druid Hill Ave *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14862 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wade H. Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Co.

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 247 Montoya St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 6th 1877

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St Address 71 Martin St.

W. H. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14863 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1876 Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Margaret Shott

~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 199 Eastern Avenue

Cause of Death, {First (Primary,) Chronic Laryngitis - Aphonia &c

Second (Immediate,) Acute Pneumonia

Duration of Last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Jan 7th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

D Webster Cathell M.D.
Medical Attendant.

Address 12 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14864

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Dora Cooper

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 216 E. Pratt St.

Cause of Death, {First (Primary,) Scirrhus
Second (Immediate,) Intestinal cancer involving stomach

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Dallis Cemetery

Date of Burial, Jany 6th 1877

McCuan Rebbin M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S. Broadway *Address* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

Permit No. 14865

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

Date of Death, Jan 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa D. Heumann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dressmaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore 32 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 50 Pine St.

Cause of Death, {First (Primary,) Rheumatism. Second (Immediate,) Heart disease

Duration of Last Sickness, about 2 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 6th 1877

Undertaker, John Archer

Place of Business, Hound

A. T. Bell M. D.
Medical Attendant.

Address 306 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11866 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 ~~Months~~, Weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Drugged with Opium when received

Second (Immediate,) Marasmus

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 5. 1877

Undertaker, Saml Bowen

Place of Business, 156 Division St-

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14867

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN. 27 1877 BALTIMORE

Date of Death, January 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} No 53 Welcome ally

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) Phthisis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician

Place of Burial, Loudon County

Date of Burial, January 6

Undertaker, Hercules Boss

Place of Business, 180 W. Saratoga St

J. D. Ayer M. D.
Medical Attendant.

Address Veiht Mill P.O. Baltimore Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 5 Wales ct

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5 1877

Undertaker, Joseph Cohen

Place of Business, 113 Druid Hill Ave

H. S. Burns *M. D.*
Medical Attendant.

Address Northwestern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to farnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Owens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 6 *Years,* *Months,* *Days.*

Color, Yellow *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} I suppose Balt°

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 206 N Biddle — Johns Hopkins Asylum

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,)

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 5th 1877

Undertaker, W. M. Nichols Jr

Place of Business, 113 Druid Hill Ave

R. Winslow *M. D.*
Medical Attendant.

Address 234 Mad Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sedonia Atkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Waters Court

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1877

Undertaker, Geo W Bond & Bro

Place of Business, 112 Pennsylvania Ave

1/1/1/1/1

W H S Brune *M. D.*

Medical Attendant.

Address Northwestern Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Walder

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } No 158 S. Regester St.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bond St. Cem

Date of Burial, Jan 6th 1877

Undertaker, John Bowe

Place of Business, 77 S. Wolfe St.

James Steuart M. D.

~~Medical Attendant.~~

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude Zepp

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Four Years, one ~~Months.~~ 13 (a) Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pittsburg Pa to Balto 4 months

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balto W 380 North Gilmor St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 5th 1877

Undertaker, Hughes & Co

Place of Business, 350 Fayette St. *Address*

Geo H. Lairmore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14873 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Posth

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 21 Sterett St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 6th 1877

Undertaker C. Wiegand

Place of Business, 53 Druid Hill Ave

Thos. F. Owens M. D.
Medical Attendant.

Address No 22 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — Three — *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 916 Bank St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Peteus

Duration of Last Sickness, — 24 Hours —

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Jany 6th 1877

Undertaker, W. A. Daiger

Place of Business, 44 S Bway

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly

Sex, Male ~~or Female~~, {Cross out the word not required to this line.} Male

Age, 4 *Years,* 10 *Months,* 23 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 910 Park St

Cause of Death, First (Primary.) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Fever 24 Hours

All the above information should be furnished by the Physician

Place of Burial, Mt Patrick Cem

Date of Burial, Jany 6th 1877

Thomas P. Evans M. D.
Medical Attendant.

Undertaker, M A Daiger

Place of Business, 4 & 6 Liberty

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

Date of Death, January 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 310 Gay St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Stated — 18 Hours

All the above information to be furnished by the Physician.

Place of Burial, St. James's Cem.

Date of Burial, Jany 6th 1877

{*Undertaker,* M A Daiger

{*Place of Business,* 411 S Broadway

Thomas F. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14877

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wild

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 39 S. Broadway

Cause of Death, {First (Primary.) Typhoid fever / Second (Immediate,)}

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 7th 1877

Undertaker, M. A. Daiger

Place of Business, 414 S Bdwy

Peter E. Gaussil M. D.
Medical Attendant.

Address 37 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Burden

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 4 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 President St

Cause of Death, {First (Primary,) Scarlatina Malignus

{Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 14th 77

{*Undertaker,* F. Cramer

{*Place of Business,* 219 Aisquith

H. D. Reynolds M. D.

Medical Attendant.

Address Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Carr Smyth had This in his pocket from 4 or 5 Days

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* four *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 67 S. Castle St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 6

C. Edward Miller *M. D.*
Medical Attendant.

Undertaker, H. W. Gibmeyer

Place of Business, 541 Canton Ave *Address* 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Browne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 123 N Bullitt St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery B. B. Browne, M. D.

Medical Attendant.

Date of Burial, 7th Jany 1877

Undertaker, Hy H. Jenkins & Son

Place of Business, 16 Light St *Address* 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther & Rebecca Hurley (Parents)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 N. Washington St

Cause of Death, First (Primary,) measles

Second (Immediate,) of

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ea. Prot. Cemetery

Date of Burial, Jan. 6th 1877

Undertaker, Chas Shirley

Place of Business, Pratt St

James A Clemm M. D.

Address Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11882 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Wade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 27 Pont st

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery J. T. Coyne M. D.

Date of Burial, Jan 7th 1877 Medical Attendant.

Undertaker, Hawkins & Co

Place of Business, 65 S Broadway *Address* 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14883 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jorge Loxley

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, Cabinet maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Utica, N.Y.

Duration of Residence in the City of Baltimore, 10 weeks

Place of Death, { Give street and number. } 214 N. Central ave

Cause of Death, { First (Primary,) Congestion of lungs. Second (Immediate.) Apnea

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary Cemetery

Date of Burial, January 8 1877

{ *Undertaker,* Henry Houck
{ *Place of Business,* 397 Central ave Address

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14884

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

Date of Death, January 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Eugene Brauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, two ~~Years~~, *Months,* (18) eighteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 182 East Madison St

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 182 East Madison St

Cause of Death, {First (Primary,) Phthisis Pulmonum, Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7th 77

Undertaker, Geo. Schilling

Place of Business, Lexington & Monument sts

Gust Wagner M. D.
Medical Attendant.

Address 18 Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14885 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

Date of Death, January 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Henrietta Mitchell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 93 Constitution St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Valvular Dis. of Heart.

Duration of Last Sickness, 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Edward S. McDevitt M. D.

Date of Burial, Jan 7, 1877 Medical Attendant.

{*Undertaker,* Wm. H. Hickman / *Place of Business,* No 234 Gay St} *Address* 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 14886

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J Stirley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lamp Lighter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Etting street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) about 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 7 January

Undertaker, J L Chalmers

Place of Business, 262 Penn Ave

H Darling M. D.
Medical Attendant.

Address 143 Mulberry street

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonathan Trusty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Caroline Co Md

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 1 Lutten's Court

Cause of Death, {First (Primary,) Paralazis / Second (Immediate,) "}

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 7th 1877

Undertaker, S. H. Phipps

Place of Business, Eutaw St

James A Steuart M. D. Medical Attendant

Address Commissioners of Health / Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Enoch C Trusty Grandson

[OVER.]

Board of Health, City of Baltimore

Permit No. 14888 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Gebhart.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lehigh Co. Pa.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 9 N Mount St -

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, Two years -

All the above information should be furnished by the Physician.

Place of Burial, New Mount Olivet

Date of Burial, January 7

Undertaker, J B Cook

Place of Business, 70 West Baltimore St

Wm Pegues M.D.
Medical Attendant.

Address 17 N Carlton St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th. January 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Franz Musikritsky~~ Franciscus Musikaski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* ___ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Posen, Prussia, Germany

Duration of Residence in the City of Baltimore 4 years.

Place of Death, {Give street and number.} Lancaster Street 52, near Bond

Cause of Death, {First (Primary,) Scarlatina} {Second (Immediate,) Hydrops Anasarca}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet 3 yards

Date of Burial, Jan. 6th 1877

Undertaker, H. Lenn

Place of Business, 252 Aisquith

William Hinkel M. D.
Medical Attendant.

Address S. Wolfe Nr. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 14891 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 — 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Stocker Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 14 Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infts Asylum

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Dec 31st

Undertaker, C. H. Glezen

Place of Business, 201 Pleasant

C. F. Brune M. D.
Medical Attendant.

Address 241 Lindsay ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14891 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm F. Barkley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number.} No 126 McHenry St.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 7th 1877

Thomas Opie M.D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, No 100 Camden *Address* 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14892

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Dalton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Mt. Residence of J. H. Taylor 543 Lexington

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Tuberculous Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Jan 6th 1877

A. H. Taylor M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty *Address* 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore

Permit No. 14893

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

Date of Death, 5th December January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 Dover Street

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Dyspnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7th Jany

Undertaker, J R Cook.

Place of Business, 707 W. Balto St

A F Reinhard M. D.
Medical Attendant.

Address 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 14894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily L Leigh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia ~~6 years~~

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 176 Conway

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 7th 1876

Undertaker, Edward Hueston

Place of Business, No 150 Lombard St

George B Reynolds M. D.
Medical Attendant.

Address No 180 Lee St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Board of Health, City of Baltimore,

Permit No. 4895

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE

Date of Death, Januar 8ᶜ 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kunigunde Hentnann.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Maried

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Workmanns Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Forchendorf. Baiern

Duration of Residence in the City of Baltimore, 26 Jaers. in Baltimore

Place of Death, { Give street and number. } Caterstret 139.

Cause of Death, { First (Primary,) Blew arthritis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Johannes Cemetery

Date of Burial, January 8 th

Undertaker, Michael Hunke

Place of Business, No 33 Bank. Address

Emil Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 14896 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeanna Beach

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} No. 5 Waters Court.

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Laryngitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Saint Peters Cemetery Wm. T. Learned M. D.

Medical Attendant.

Date of Burial, January 6. 1877

Undertaker, Wm. H. Zebley

Place of Business, 163 Druid Hill Av *Address* Balto. Genl Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 14897 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th January

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Maria Lohmeyer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hannover. Germany.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} N. Schroeder Street 65

Cause of Death, First (Primary,) Erysipelas complicated with Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 7 January

Undertaker, William Kartman

Place of Business, 26 Bank Street

A. L. Reinhard M. D.
Medical Attendant.

Address 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philippine Seltzer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } No 397 N. Bradford

Cause of Death, { First (Primary,) Gangrenous Erysipelas

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 8 77

Undertaker, Schumacher & Son

Place of Business, 208 N. Eutaw St

Dr G. Stonebraker M. D.
Medical Attendant.

Address 11 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 14.899

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Michael

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kurhassen Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 164 S. Durham

Cause of Death, {First (Primary,) Pyaemia

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alexanders home

Date of Burial, Jan 8th 1877

Undertaker, A. Köhler

Place of Business, 244 E Lombard

Abram S. Arnold M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14,900 OFFICE OF REGISTRAR OF VITAL ST...

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Brink's

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* 21 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West St. No 253. Baltimore Md

Duration of Residence in the City of Baltimore, Chapl ank'd

Place of Death, {Give street and number.} ~~Chapl ank'd~~ St No 157. Baltimore Md.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) "

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan 7th 1877

D. T. Lowrey M. D.
Medical Attendant.

Undertaker, 76 Franklin

Place of Business, 246 Eastern Av

Address No 132 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14,901

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JAN 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Parsons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,}

Age, 10 *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 395 Druid Hill Ave

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,) & Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 7th Jan 1877

Undertaker, H. H. Gentlig & Son

Place of Business, 16 Light St Address 121 N. Howard St

E. Wrightington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14,912. OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gunter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* 7 *Months,* 6 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} Cross St. 129 Church

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Jan 7th 3 p.m. Robert T. [illegible] M. D.

Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, 5th of Jan. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Pieper

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 47 S. Wolf st.

Cause of Death, { First (Primary,) } Diptheria
{ Second (Immediate,) }

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Com.

Date of Burial, Jan. 7th '77

{ *Undertaker,* Michael Trance
{ *Place of Business,* No 250 Canton Ave

E. P. Sons M. D.
Medical Attendant.

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Franklin Ware

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 51 Ludgate Hill St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, January 6

Undertaker, Reuben Ross

Place of Business, 150 Aisquith St

Lewis M. Eastman M. D.
Medical Attendant.

Address 3rg Last

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14905 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mordechai Strauss.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of it life

Place of Death, {Give street and number.} 54 Hanover st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery W. T. Howard M. D.

Date of Burial, Sunday 8 Medical Attendant.

Undertaker, S B Cook

Place of Business, 767 it 3rd Baltimore *Address* 161 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14906 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith L Foodnee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 14 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 3 Rock st

Cause of Death, {First (Primary.) Pneumonia / Second (Immediate,) "}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 8th 1877

Undertaker, D B Cook

Place of Business, No 707 W Baltimore street

John D Pennington M. D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, Jan 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick J. Dooley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Haw St

Cause of Death, {First (Primary,) Chronic Diarrhoea

{Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician

Place of Burial, St Peters cemetery

Date of Burial, Jan 8th 1877

Undertaker, J P Brooks

Place of Business, No 707 W Baltimore Street

Edwd J. Mitchell M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 14918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V Bender

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Two *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give street and number.} No 99 S. Exeter St.

Cause of Death, First (Primary,) Asphyxia

Second (Immediate,) —

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery — D. C. Ireland M. D.

Date of Burial, Jan 9th 1877 — Medical Attendant.

Undertaker, Thos J Hughes — Comm E. D.

Place of Business, 60 E Balto — *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 14919

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, January 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E. McGuire.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No. 160 N. Calhoun St.

Cause of Death, {First (Primary,) Typhoid Malarial Fever.

Second (Immediate,)

Duration of Last Sickness, 11 Ten days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 9th 1877

Undertaker, Thos E Hughes

Place of Business, 50 E Balto

Jno F Duell. M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14914

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, January 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Watkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower; { Cross out the words not required in this line. } Widow

Occupation, School teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } 13 Little Pine alley

Cause of Death, { First (Primary,) Typhoid Fever

{ Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8th 1877

Undertaker, William H. Lange

Place of Business, 16 W. Lee St. *Address* 47 Edmondson Ave

G. Gilbert Lowe *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 1491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Nokes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, W *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 336 Pine St

Cause of Death, First (Primary,) Spasmus Nascentium

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1877

John Neff M. D.
Medical Attendant.

Undertaker, H. H. Pierce

Place of Business, 20 N Eutaw St *Address* 228 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14912

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, Jan 2nd 1877 at 6 o'clock a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Cohpen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 2 *Years,* 9 *Months,* ... *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth)} St. Mary's County all his life in United States

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 31 Bruce St. Baltimore ward,

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1877

Undertaker, Wm H. Runge

Place of Business, No 104 East St.

F. C. Richardson M. D.
Medical Attendant.

Address 302 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, Jan 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nathan Putzman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Year, 2 Months, Days.

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 246 Pennsylvania Avenue

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 341 Pennsylvania Avenue,

Cause of Death, { First (Primary,) Probably Dentition
Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Sweet-Home

Date of Burial, Jan 8.

Undertaker, { C. W. Blizzard
Place of Business, 201 Penn Ave

Chas. E. Bond M. D.
Medical Attendant.

Address 13 Pitcher Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor[illegible]

Permit No. 14914

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Weber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty seven *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Nutidown

Place of Death, {Give street and number.} Corner Alice Ann & Castle St.

Cause of Death, {First (Primary,) Concussion of Brain.
Second (Immediate,)}

Duration of Last Sickness, 15 Minutes.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 8th January 1877

{*Undertaker,* Wm. Nicolaus
Place of Business, 253 Alice Anna,

W. C. Ireland M. D.
Coroner E. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, Jan 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Godfrey F. Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 395 S. Eutaw St

Cause of Death, {First (Primary,) Tuberculous Meningitis

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 6th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Theodore Costa *M. D.*
Medical Attendant.

Address 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14916

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Richard McGinnis Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, Sixty Three years

Place of Death, {Give street and number.} 201 Preston St

Cause of Death, {First (Primary.) Diarrhoea / Second (Immediate.) Marasmus.

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 7"

{*Undertaker,* S. J. Chalmers / *Place of Business.* Pennsylvania Ave

Hammett Jay M. D.
Medical Attendant.

Address 190 Penn Ave / 414 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.],

Board of Health, City of Baltimore,

Permit No. 14917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, January 6. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christopher Johnston Hill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Two *Years,* 6 - *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~ *Single,* ~~Widow or Widower~~; { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give street and number. } Dr. Ca Bolton & McMechin

Cause of Death, { First (Primary,) Congestion Nephritis
Second (Immediate,) Uraemia

Duration of Last Sickness, Unknown - I saw him on 5th & 6th January

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 8th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address*

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Grubbs

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color,

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 35 years,

Place of Death, {Give street and number.} 22 Conway St.

Cause of Death, {First (Primary.) Pneumonia, Second (Immediate.)}

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, January 9th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 0 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Luland

Duration of Residence in the City of Baltimore, 2 4 y

Place of Death, {Give street and number.} N O 14, 6 Lest

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Jany 8th 1877

{*Undertaker,* Houghton & Co

{*Place of Business,* 65 S. Broadway

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Engle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 15 N. S. Hospital Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jany 8th 1877

Undertaker, W. A. Baigel

Place of Business, 414 S. Bond

Jno. J. Gatty M.D.
Medical Attendant.

Address 2 N. H. Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella A. Stewart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mc Machen st near John

Cause of Death, {First (Primary,) Phthisis / Second (Immediate.)

Duration of Last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy P. C. Williams M. D.

Date of Burial, Jan 9th 1877 Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Forrest st *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara C. Bradley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Paca

Cause of Death, {First (Primary,) Scarlet fever & Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 9th

Undertaker, P. Kinnicut

Place of Business, 34 Hanover St

Edwd F. Nicholson M. D.
Medical Attendant.

Address 27 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Mozingo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 39 Yrs

Place of Death, {Give street and number.} 12 Green Ant. av

Cause of Death, First (Primary,) Phthisics

Second (Immediate,)

Duration of Last Sickness, 8 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th 1877.

Undertaker, Wm. H. Heikman

Place of Business, 234 N. Gay St. *Address* 151 E Madison

E. Hall Ruth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

Date of Death, Jan 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Ten~~ 23 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Near Creighton St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 85 Fayette

Cause of Death, {First (Primary,) Scrofulous Abscess perforating} {Second (Immediate,) intestines}

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem

Date of Burial, Jan 9— 1877

Undertaker, John J Rodemayer

Place of Business, Cor Fremont and Monument St—

Geo. H. Watson M. D.
Medical Attendant.

Address 18 Bisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane F Carey,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29. *Years,* " *Months,* " *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Factory girl

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore. Five years

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Diabetes Mellitus / Second (Immediate,) Pulmonary Apoplexy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem'y

Date of Burial, Jan 9th 1877

Undertaker, Armstrong & Sons

Place of Business, 863 Light St

A. L. Wolfe *M. D.*
Medical Attendant.

Address Washington University, Hosp'l

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Carlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days.*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 116 Ridgely St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 Ridgely St

Cause of Death, {First (Primary,) Convulsion

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 9th Jan 1877

Undertaker, C. F. Krause

Place of Business, Hanover

Geo. W. Dennis M. D.
Medical Attendant.

Address 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14927

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Homo

~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 1 *Years.* 4 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S. Paca St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 8th 1877

Undertaker, Wm. Lowe Jr.

Place of Business, 65 Hanover St

Frank P. Turner M. D.
Medical Attendant.

Address 87 S. Paca Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 14928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

Date of Death, 8 January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, {First (Primary.) Marasmus

{Second (Immediate.) Spasms

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial Jany 9 1876

{*Undertaker,* Saml Bowers

{*Place of Business,* 15 E Division St

Marbury Brown M.D.

Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 14929 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Maternité

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 46 E Monument St

Cause of Death, First (Primary,) marasmus

Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, January 9. 1876

Undertaker, Saml Bowen

Place of Business, 157 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1249 30

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, Jan 7- 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bella E Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 578- Penn Ave

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 8th 1877

Undertaker, John Sleacher

Place of Business, No 150 Camden *Address*

76 F. Hoard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Russell. Margaret A'Donnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 34 Liberty Alley

Cause of Death, {First (Primary,) Disease of the Heart (Chronic Valvular)
{Second (Immediate,)

Duration of Last Sickness, Nine Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 8th 1877

{*Undertaker,* James O Byrne
{*Place of Business,* No 63 N Front St

J. H. Hartman M. D.
Medical Attendant.

Address No 67 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kallahen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 62 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 15 S. Front St.

Cause of Death, {First (Primary,) Pulmonary Tuberculosis / Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters Cemetery~~ St Vincents Cemetery

Date of Burial, January 9 1877

Undertaker, James P. Byrne

Place of Business, No 63 S Front St

P. G. Daniel M. D.
Medical Attendant.

Address 27 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob B. Welch.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 293 Johnson St

Cause of Death, {First (Primary.) Scarlatina / Second (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 9

Theodore Cook M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th Jan 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kilgore Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 11 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 360 McHenry St

Cause of Death, { First (Primary,) Cerebro-spinal Meningitis

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, January 9

M. D.
Medical Attendant.

{ *Undertaker,* J B Cook
{ *Place of Business,* 707 W Balto *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit 14734

Board of Health, City of Baltimore,

Permit No. 14935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

Date of Death, January 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. B. Br[illegible] Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 — *Years,* 6 — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath — City — Whole life —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House 22 — North —

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th " 1877

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St "

Dr. J. Boyce M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14936 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McCulloh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, ~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 175 N. Eden st.

Cause of Death, {First (Primary,) Thrash

{Second (Immediate,) Dysentery

Duration of Last Sickness, Week

All the above Information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, Jan. 9th 1876

Undertaker, Wm D. Hickman

Place of Business, Gay st

James A. Steuart M. D.
Medical Attendant

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Virginia Lynch.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 3 hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland, Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 19 E Oregon St

Cause of Death, {First (Primary,) Natural Cerebral Congestion / Second (Immediate,) Pulmonary Congestion}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas R Lawton M. D.

Date of Burial, Jan 9th 1877 Medical Attendant.

Undertaker, Jno B Smith

Place of Business, No 767 W. Baltimore Street Address 19 E Oregon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Dorkert.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila:

Duration of Residence in the City of Baltimore. All her

Place of Death, {Give street and number.} Hazard Child.

Cause of Death, {First (Primary,) Intestinal pointe
{Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 days Still

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 10th 1877

Undertaker, Peter J Sorivan

Place of Business, 270 W Eutaw St *Address*

D A Bonn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michal Caton

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months.* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} 217 N. Eutaw

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Chronic Phthisis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. William Lee M. D.

Medical Attendant.

Date of Burial, Jan 9th 1877

Undertaker, Chas. F. Scriven

Place of Business, 271 N Eutaw st *Address* Eutaw Cor Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Chase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 6 *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Sugars Wharf

Cause of Death, {First (Primary,) dold — Second (Immediate,) Insanction

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 9th 1877

Undertaker, Chas Sheffey

Place of Business, Pratt St.

James A Steuart M. D.
Medical Examiner

Address Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant Mary Belt 112 Sugars Wh

[OVER.]

Board of Health, City of Baltimore,

Permit No. 149441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace A Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 21 Park St

Cause of Death, {First (Primary.)} Malignant Scarlet fever

{Second (Immediate.)} Scarlet fever

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 9th/77

Undertaker, Peter A Kunnyet Kunnet

Place of Business, No 317 Mulberry St. *Address* 47 Lexington St. Loudon Park Co

N H Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Brecon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} N° 18 garden n Balt

Cause of Death, {First (Primary,) Pneumonia {Second (Immediate,)} 3

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9 1877

Undertaker, John C. Gordon

Place of Business, N°63 Park Ave

J H Latimer *M. D.*
Medical Attendant.

Address 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Tailor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and number.} 158 S. Bethel St.

Cause of Death, {First (Primary.) Old age. Second (Immediate,) Marasmus Senilis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician

Place of Burial, Asbury Cemetery

Date of Burial, Jan 9th 1877

Undertaker, Chas. H. Lake

Place of Business, 52 N. Eutaw St.

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

Date of Death, Jan. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Colton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fairfield. Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 191 Hughes St

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,) Has been sick about 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9th 1877

Undertaker, Hendler Ross

Place of Business, 180 West St

R. M. Nace M. D.
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11491/5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

Date of Death, January 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 69 Garden Ct

Cause of Death, First (Primary,) hysteria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10 at 9 o'clock

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St.

E. W. Thobaed M. D.

Medical Attendant.

Address 89 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th day of January 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruby Hodgden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 15 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 125 Edmonson Avenue

Cause of Death, { First (Primary,) Inflamation of bowels
Second (Immediate,) Cerebral effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, Jan 9th 1877

Undertaker, Hughes & Co

Place of Business, 330 Fayette *Address*

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Murray Galt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ One Day

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 164 E Fayette Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 E Fayette St

Cause of Death, First (Primary,) Natural Causes

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery F. E. Fooks M. D.

Medical Attendant.

Date of Burial, Jan 8th 1877

Undertaker, Thos. L. Murphy *Address* 179 E Baltimore St

Place of Business, 64 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1419 c 18

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of J. Murray Galt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years.~~ ~~Months.~~ 6 hours ~~Days.~~

Color, White *Sex.*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 164 E Fayette Street

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 164 E Fayette St

Cause of Death, First (Primary,) Natural Causes

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 8th 1877

F. E. Fookes M. D.
Medical Attendant.

Undertaker, Geo. A. Hughes

Place of Business, 61 E Balto

Address 179 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Singleton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 65 Rubery Ln

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption (Lungs)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpl St Cemetery

Date of Burial, Jan 9 1877

J. V. Gilliss M. D.
Medical Attendant.

Undertaker, S. M. Chase

Place of Business, 198 Howard St *Address* 23 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Meadows

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annandel Co Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 17 Caulin St

Cause of Death, First (Primary,) Pul'y Consumption

Second (Immediate.)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Jan 9 1877

Undertaker, J. W. Chase

Place of Business, 174 Broadway

Wm. E. Clagett M. D.

Medical Attendant.

Address 180 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 3 Clinton st. near West

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan'y 8 1877

Undertaker, J. Pritchett

Place of Business, No 118 Broad st

R. C. Lee M.D.
~~Medical Attendant~~
Coroner

Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14952 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grafton Hammond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Mullato *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——— Balto. City

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 109 - Sarah ann st;

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9th

F. B. Gardner M. D.
Medical Attendant.

Undertaker, P. Kinnear

Place of Business, 311 Mulberry st *Address* 121 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14953

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Spring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Castlestreet No 7.

Cause of Death, First (Primary,) Scatlatina.

Second (Immediate,) Convulsiones

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, January 10th.

Undertaker, Mendelin Tippet

Place of Business, S. Bond st. 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 149574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7th of January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Rholand

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 59 N. Fremont.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Marasmus

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, West at. Cemetery

Date of Burial, January 9th.

Undertaker, Mendelson Lippard

Place of Business, S. Bond st. 151

F. Luthardt M. D.
Medical Attendant.

Address 245 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

Date of Death, January 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate G. Black

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 317 E. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 10th 1877

{*Undertaker,* Haight & Co / *Place of Business,* 63 S Broadway}

Nicholas J. Cashell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Haisley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* *Days.*

Color, Color *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va & - Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 - Woodland St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Encephalitis

Duration of Last Sickness, 7 - days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemt

Date of Burial, Jan 10th 1877

H. J. Mouck *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 456 Druid Hill Avenue *Address* Cor Eutaw & Madison Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster, Pa.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 151 N. Biddle St

Cause of Death, {First (Primary,) Albuminuria

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, January 10th 1877

Undertaker, Jacob Weaver

Place of Business, 105 496 Druid Hill Ave *Address*

D. W. F. Hank, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Henry Williamyes.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} N° 187. Chesnut Alley

Cause of Death, {First (Primary,) ; Second (Immediate,)} Scarletina Anguinosa.

Duration of Last Sickness, 6. days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 9th

{Undertaker, P. Kennedy

{Place of Business, 316 Mulberry St

S. C. Horn, M. D.
Medical Attendant.

Address N° 226 Mulberry St
per. G. W. K.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and draths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Bernard Boetting~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Boetting

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~23~~ *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary.) Phthisis

Second (Immediate.) Asthenia

Duration of Last Sickness, — 6 hours in Hospital

All the above information should be furnished by the Physician.

Place of Burial, West'n Cemetery Public's

Date of Burial, Jan 9th

Undertaker, Mc H & Perry

Place of Business, 448 West Pratt St

T. A Ashby *M. D.*
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th of January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Luebke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Potomac & Canton

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, January 9th 1877

Undertaker, H. H. Gilmoyer

Place of Business, 341 Canton Av.

Address 248 S. Mil

F. Flatten M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1249 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Waldron,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Albemarle St

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, January 11th 1877

J. W. P. Yates M. D.
Medical Attendant

{*Undertaker,* Holt, Gilmore *Address* 73 E. Baltimore St.
{*Place of Business,* 341 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1419 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

Date of Death, January 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry ~~Gable~~ E. Gable

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Carlin H Bell

Place of Death, { Give street and number. } Carlin H S 24th

Cause of Death, { First (Primary,) Hissel

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10 1877

Martin Luth. Dr M. D.

Medical Attendant.

{ *Undertaker,* Henry Keech

{ *Place of Business,* 209 Eutaw Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 14963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Cooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Aged Womans Home

Cause of Death, First (Primary,) .....

Second (Immediate,) Burnt to death by accident.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 10 1876

Geo E Ogle Coroner, *M. D.*
Medical Attendant.

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAKS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Boeckner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 3 *Months,* 22 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 71 South Register St

Cause of Death, {First (Primary,) Injury & Laceration of right hand
Second (Immediate,) Traumatic Tetanus

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt. carmel cemetery

Date of Burial, Jan 10th

{*Undertaker,* H. Froelich
Place of Bnsiness, 246 Eastern Ave.

F. E. Fooks M. D.
Medical Attendant.

Address 179 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the Remarks below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wagner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 28 *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 221 Battery Av.

Cause of Death, First (Primary,) Erysipelas Neonatorum,
Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10th 1877.

Undertaker, E. Stackhausen

Place of Business, 345 Light St.

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14966.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

Date of Death, Jany 8 to

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Schellberg

Sex, ~~Male~~ or ~~Female,~~ {Cross out the word not required in this line.} Female

Age, about 50 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt Infirmary

Cause of Death, First (Primary,) Val. Dis of Heart.

Second (Immediate,) Edema

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 9th 1877

Undertaker, Philip J. Dill

Place of Business 183 Columbia Ave.

F. A. Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1894 BALTIMORE.

Date of Death, January 8th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Burmeister

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ 5 ~ *Years,* ~ 1 ~ *Months,* ~ 22 ~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 114 Thames St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, ~ Three days ~

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jany 10

Undertaker, M A Knight

Place of Business, 474 W Bway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Raum Meredith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 242 Argyle Ave

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,) acute Albuminuria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 10th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

D. Alexander M. D.

Medical Attendant.

Address 76 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 14969

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Werner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 N. Caroline St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, 10th January

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

J. A. Warner *M. D.*
Medical Attendant.

Address 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jackson Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1616 Fayette st

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 11th 1877

Undertaker, John F. Weaver

Place of Business, ~~#~~ 22 W. Fayette St

Geo C Ogle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14971.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1917

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Rock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 92 years.

Place of Death, {Give street and number.} 611 Clare & Hillen Sts.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery *M. D.*

Date of Burial, January 11 1917 Medical Attendant.

Undertaker, Henry Stoltz *Address*

Place of Business, 304 Central Ave. 19 South Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

Date of Death, Jan. 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 11 *Months,* & 29 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nantucket Mass.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No. 152 Linden Av.

Cause of Death, First (Primary,) ~~Epilepsy~~ Apoplexy

Second (Immediate,) Old Age

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 11th Jan 1877

Undertaker, Robbins Lynn

Place of Business, 263 Light St *Address* No. 5 Franklin St.

John Morris M.D.

~~Dr John Morris~~ M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14973,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

Date of Death, January 4. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Isenmiller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 Years, — Months, — Days.

Color, White. *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} N. Gay St. 49.

Cause of Death, First (Primary,) She was complaining since with sick Turns
Second (Immediate,) Apoplexia Nervosa. } so I am told

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 6th

Undertaker, H. Boiete

Place of Business, Aisquith St 81

C. H. Tick M. D.
Medical Attendant.

Address 16. N. Eden. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7- 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisha Hutchins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 30 *Years,* ——— *Months,* ——— *Days.*

Color, Copper *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monroe County Virginia

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} No 2 [illegible] N. Fremont st

Cause of Death, First (Primary,) Phthisis Pulmonalis—R. of 1 m.

Second (Immediate,) [illegible] petit for 2 Mo[illegible] ago.

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Dallas St

Place of Burial, Locust Cemetery

Date of Burial, Jan 10. 1877.

Undertaker, John J Rodenmayer

Place of Business, N. Eas Greenmount Ave & monument

[illegible] N. G. Foard M. D.
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14975

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* female single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 14 New alley

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea

Date of Burial, Jan 10th 1877 J. K. Ashler *M. D.*

Medical Attendant.

Undertaker, John C. Corder

Place of Business, Park St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Burgess

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Castle County Delaware

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 57 Gilmor St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Londen Park cemetery

Date of Burial, Jan 11th 1877

D. P. Hoffman M. D.

Medical Attendant.

Undertaker, J B Cook

Place of Business No 707 W Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thurizunda Struve

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 6 *Years,* 1 *Months,* 3 *Days.*

Color, *Sex,* female

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 496 W. Lombard

Cause of Death, First (Primary,) Emphysema pulmonum

Second (Immediate,) Paralysis pulmonum

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 10th 1877

R. Dettmann M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street *Address* 89 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUNE 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Röh

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 16 yrs. in America

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number.} Lunatic Hospital

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 10 1877

Undertaker, H. Schultheis

Place of Business, Monument

Henry J. Cather M. D.
Medical Attendant.

Address 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1877. 10.30. a m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. M. Tho. Hermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8. *Years,* X *Months,* 9 *Days.*

Color, white *Sex,* above

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give street and number.} 413 Canton Av.

Cause of Death, First (Primary,) Convultion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10

John J. Ziner. M. D.

Medical Attendant.

Undertaker, C. H. Hofmann

Place of Business, 63 South Eden Street Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

Date of Death, 9th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Emily Cary

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Principal Southern Home School

Birthplace, {State or country (and how long in the United States, if of foreign birth:} Williamsburg, Va

Duration of Residence in the City of Baltimore, 44 years.

Place of Death, {Give street and number.} 197 N. Charles st.

Cause of Death, First (Primary,) Shattered Constitution

Second (Immediate.) Typhoid Pneumonia.

Duration of Last Sickness, Between 3 & 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard Fayette & Green

Date of Burial, 11th Jany 1877

W. T. Howard, M. D.
Medical Attendant.

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St *Address* 181 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Seipp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, About twenty years

Place of Death, {Give street and number.} 337 & 339 East Monument St

Cause of Death, First (Primary,) Colitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 12th /77

Undertaker, Geo. Schilling

Place of Business, Ainsmith & Monument St

Milton A. Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William Keel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 21 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 355 Light St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Prot Church Cem

Date of Burial, 11 January

H. A. Underwood *M. D.*
Medical Attendant.

Undertaker, Conrad Kunkel

Place of Business, 60 Park st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Welch Al

Cause of Death, {First (Primary.) Scalded / Second (Immediate.)}

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11th January

Undertaker, Conrad Kimball

Place of Business, 60 Park St

H Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Michael

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 69 E. Caroll St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 E Caroll st.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Scarlatina maligna

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St A Asylum Cem.

Date of Burial, 11 January 1877

Undertaker, Wm Brown

Place of Business, 115 Hoff St

L. W. Mansfield M. D.
Medical Attendant.

Address 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Myers

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 199 Montgomery St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Bath Cemetery

Date of Burial, Jan 12 77

Undertaker, Henry Denny

Place of Business, 263 Light

J. J. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Jan. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Wilhelmina Bauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 *Years,* 9 *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 232 Linden St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate.) Heart ~~disease~~ disease

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery

Date of Burial, Jan. 12th 1877.

{ *Undertaker,* Adam Kiedemeyer
{ *Place of Business,* 518½ W. Baltimore St

P. F. Eltzroth M. D.
Medical Attendant.

Address 120 Saratoga St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizab White

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 120 N. Durham St

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1877

Thos A Lewis M. D.
Medical Attendant.

Undertaker, Hughes Bro

Place of Business, Broadway

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Alfred White Talbot

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14[illegible]8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleazer Cohen

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* 2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 354 Lexington St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) about 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oh[illegible] Sholum Cemetery Felix Levin M. D.
Medical Attendant.

Date of Burial, Januar 11 - 77

Undertaker, Myer Edlavitch

Place of Business, 101 Gough St *Address* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14989.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Shurles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* 22 *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} N. W. Cor Lombard & Calvert sts.

Cause of Death, {First (Primary,)} Pneumonia

{Second (Immediate,)} "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 11th

Undertaker, J. B. Blackistan & Son

Place of Business, 606 W. Balt. St.

Jno I Pennington, M. D.
Medical Attendant.

Address 98 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Wm S. Ruppel

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 3. *Years,* 6. *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 100. Hamburg St

Cause of Death, {First (Primary,) Fall
Second (Immediate,) Meningites

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, St Pauls Lutheran (Cem)

Date of Burial, January 11th 1877

Theodore Cooke M. D.
Medical Attendant.

Undertaker, Charles H. Herdt

Place of Business, 161 Hanover St.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

Date of Death, 8 ½ P. M. 9th January, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Louisa Lehmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Ten *Months,* Sixteen *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year 10 months & 16 days

Place of Death, {Give street and number.} No. 114 Patterson Lane Cor. of Canby St.

Cause of Death, First (Primary,) Dropsy after Scarlet Fever

Second (Immediate,) " " " "

Duration of Last Sickness, Thirteen (13) days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 11th 1877

Undertaker, J. B. Lock

Place of Business, No 707 N. Baltimore Street

Thos. S. Bond M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bryant Billingsly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 645 West Fay. Balt.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 3 Jan

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, January 11

Undertaker, S B Cook

Place of Business, 707 West Baltimore St *Address*

Prof. Quinan *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 9th — 1877 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottfried W. Hueter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 372 Saratoga St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Jan 11th

{*Undertaker,* P. Kinnet

Place of Business, 317 Mulberry St

Samuel T. Knight M. D.
Medical Attendant.

Address 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of 14994

Permit No. 14994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Chestnut alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflamation of Brain

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1877

Undertaker, S. H. Chase

Place of Business, S. Eutaw St

Address Commis of Health & Registrar

~~Medical Attendant.~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Young Kunz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 317 E Eastern Ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, 12 Jan 77

Undertaker, Rambach

Place of Business, 577 W Pratt St

D Gilmore M. D.
Medical Attendant.

Address 203 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Thos. Hen. Parker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Three *Months,* three *Days.*

Color, colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bowyer's Yard. no number on house

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, not known. I saw it first on Jan. 7.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. W. S. Jordan M. D.

Medical Attendant.

Date of Burial, Jan 11th 1877

Undertaker, F. Barnetts *Address* 632 Lexington St

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora Fitzsimmons

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* ~

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 105 Hollins

Cause of Death, { First (Primary,) Pulmonary { Second (Immediate,) Phthisis

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Gustavus Bibbins M. D.

Date of Burial, Jan 11th Medical Attendant.

Undertaker, Wm. M. Leonard & son *Address* 49 Franklin St

Place of Business, 182 W. Baltimore ~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 9. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aggie Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 148 Division Street.

Cause of Death, {First (Primary,) / Second (Immediate,)} This child was taken suddenly with convulsions after which it never became conscious. Throat was dark. Liver, bowels much swollen: no eruption on appeared on the body: a child died in same house a week ago. from Scarlet fever. I consider this a case

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 11th 1876

Undertaker, Jacob Weaver

Place of Business, 4 & 6 Druid Hill Ave

Mahlon Brown M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 14999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baptist Rauch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Britmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany — 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 89 Johnson

Cause of Death, {First (Primary,) Colitis / Second (Immediate,) General debility}

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 13 1877

Undertaker, C F Krause

Place of Business, 209 Hanover St

L Dudley M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

Date of Death, Jan 11th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mema Lehlom

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 6 Little Paca st

Cause of Death, {First (Primary,) .... / Second (Immediate,)} Congestion of Lungs

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12 at 3 o'clock

Undertaker, Henry Thyer

Place of Business, 106 N. Howard st.

J H Emmey M. D.
Medical Attendant.

Address 762 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

15701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Jan'y 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry N. Cox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westmoreland Co. Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 256 N. Gay near Pr.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 11th 1877

F. Blue Coles M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henry Rambo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 4 *Months,* 25 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 75 Milliman st.

Cause of Death, {First (Primary,) Scarletina anginosa

{Second (Immediate,) Toxic effect of poison

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Cemetery.

Date of Burial, Jan. 12. 1876.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St.

Jno. S. Knabe M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hagerty Ernst

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 4 *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give street and number.} No 329 W. Fayette St

Cause of Death, First (Primary,) Typhoid

Second (Immediate.) Exhaustion

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 12th 1877

Undertaker, John H. Weaver

Place of Business, # 32 W. Fayette St

Wm. Thomas Hamilton M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* Five *Months,* *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 172 E. Dallas St. Balto City

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} No 11 Low alley

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 11th 1877

Undertaker, John H. Weeks

Place of Business, 57 S. Wolf St

H. K. Hay M. D.
Medical Attendant.

Address 32 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Saw the patient but once, and then but a few hours before death. H K H

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 157105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

Date of Death, January 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1037 Forest Street

Cause of Death, {First (Primary,) Cardiac Dropsy

Second (Immediate,) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon County

Date of Burial, January 11 77

Undertaker, John A Locke

Place of Business, Fourth below F

J. Ridgway Andrew *M. D.*
Medical Attendant.

Address 1121 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 15706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

Date of Death, 11th Jan. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Kummelehne

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 S. Duncan Alley

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Hydrocephalus, Paralysis cordis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Canton Cemetery

Date of Burial, 12th Jan.

{*Undertaker,* Eckhardt Schlenker

Place of Business, 214 Eastern Ave

F. Kuhn M. D.
Medical Attendant.

Address 214 S. Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours, after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo's Edward not Le Baun

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 7 *Months,* 2 *Days.*

Color, ____ *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, { Give street and number. } 123 Aliceanna St

Cause of Death, { First (Primary,) Marasmus / Second (Immediate,) Spinal Meningitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan 12th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 20 E Lombard

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 11. 1877

Full Name of Deceased, {Write legibly and spell correctly. If no infant named, give names of parents.} Bessie Lee Boyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} # 340 E Chase St

Cause of Death, {First (Primary.) / Second (Immediate.)} Cause of death unknown. Child nursed at 5 a.m. & was apparently in good health. at about 7 o'clock mother waked & found child on her arm dead. Never had any previous sickness. Was a robust child.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 12th 76

Undertaker, J. H Weaver

Place of Business, # 22 N. Fayette St

Autopsia —

Geo. A. Hartman M. D.
Medical Attendant.

Address #305 Maryland St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15009 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Adam Shaffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 40 S. Bryan St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 S. Gilmor St.

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate.)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 12th 1877

Undertaker, Joseph Cook

Place of Business, 707 West Baltimore St *Address* 358 W Fayette St

John Shaff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert G. Page

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 25 Stiles st

Cause of Death, First (Primary,) ———

Second (Immediate,) Heart Disease

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician

Place of Burial, Green Mt Cemty

Date of Burial, 13th Jany 1877

Undertaker, Hy H. Jenkins & Son

Place of Business, 16 Light St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

Date of Death, 1st mo 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Maxwell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during her whole life

Place of Death, {Give street and number.} 150 N. Stricker St

Cause of Death, First (Primary,) Scarlet fever.

Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 13th Jany 1877

Undertaker, H. W. Jenkins, Son

Place of Business, 16 Light St

W. Riley M. D.

Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Buchanan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* [illegible] *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 71 years

Place of Death, {Give street and number.} Corner Canal & Linden Ave

Cause of Death, First (Primary,) Pleurisy Chronic

Second (Immediate,) Marasmus Pleurisy Chronic

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 12. 1877

Undertaker, Chas. Keating

Place of Business, 136 E. Fayette *Address* 917

[illegible] H. D. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bartlett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 215 William St

Cause of Death, {First (Primary.) Anemia

Second (Immediate.) Heart disease

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 13 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

R. C. Lee M.D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 15814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermine Louisa Fyle

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 12 *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Pennsylvania

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1045 N Calvert

Cause of Death, {First (Primary,) D

Second (Immediate,) Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 12

Undertaker, J B Cook

Place of Business, 707 W Pratt St

B F Perine *M. D.*

Medical Attendant.

Address 1157 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H. Thursby

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 1 *Months,* 5 *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number.} 39 S Chopstank St.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Necremia

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

~~*Date*~~ *Place of Burial,* Jan. 12. 1877

~~*Date*~~ *Place of Burial,* Baltimore Cemetery

Undertaker, M A Daye

Place of Business, 74 S. Broadway

D W Cathell M D M. D.
Medical Attendant.

Address 17 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1501 5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th of January 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Appel

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 19 *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~ ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 45 S. Wolf St.

Cause of Death, First (Primary,) Gastro-Enteritis

Second (Immediate,) Collapse

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 12th '77

Undertaker, Michael Trance

Place of Business, No 280 Canton Ave

F. Mathias M. D.
Medical Attendant.

Address 241 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Disinfectants.

Board of Health, City of Baltimore,

Permit No. 1807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eva Hefener Wagner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frammenbach Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 55. S Register St Balto.

Cause of Death, {First (Primary,) Second (Immediate,)} Gastro Enteritis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus Cem.

Date of Burial, Jan 12th 77

Chas. M. Carter M. D.
Medical Attendant.

Undertaker, Michael Franz

Place of Business, No 280 Canton Ave. *Address* 285. Fayette. St. Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Magruder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 12 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 6 Lemmon bet Pitt & Eutaw

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13th /77

S. T. Copper M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Sign of the Monument

Address 184 W. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Sturges

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 177 Hughes

Cause of Death, First (Primary.)

Second (Immediate,) Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Ballcemetery

Date of Burial, Jan 13 77

Undertaker, Hudson & Denny

Place of Business, No 263 Light St

Thornton Cole M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Howe Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lumber Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} M. P. Station House

Cause of Death, First (Primary,) old age

Second (Immediate,) Exposure

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 13th 1877

Edmund Walker M. D.

~~Medical Attendant.~~

Undertaker, Jno H. Weaver

Place of Business, Fayette St *Address* Coroners P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 14, East Dr.

Cause of Death, {First (Primary,) Dropsy

{Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, Jan 12th 1877

Undertaker, H. Trochlich

Place of Business, 246 Eastern Av

M. D.
Medical Attendant.

Address 9 H St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
12 1
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca

Sex, Male or Female, {Cross out the word not required to this line.} Female

Age, Years, 0 ~~Months~~, Week, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Found'ling

Duration of Residence in the ~~City of Baltimore~~ Home - 2 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, {First (Primary.) Congenital syphilis
Second (Immediate.) Asthenia

Duration of Last Sickness, when received

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial Jany 13. 1877

{*Undertaker* Saml Bowen
Place of Business, 156 Division St.

Mathew Brewer *M. D.*
Medical Attendant.

Address 201 N. Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on the BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1877 REGISTER'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Biddison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 132 Ramsay St

Cause of Death, {First (Primary.) Measles

{Second (Immediate.) " Congestion of the Brain

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, Balto County

Date of Burial, Jan 13th 1877

Undertaker, J B. Cook

Place of Business, Balto St *Address* 559 N Paca St Balto

W. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Minnigan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 258 East Pratt

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally Burned

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jany 13 11

Jas C Benzinger *M. D.*
Medical Attendant.

Undertaker, Wm H. Hachmann

Place of Business, 24 Bank St *Address* Cor Bridge & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Hooker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 567 W. Lombard

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Woodbine Cemetery

Date of Burial, January 12th

John Hood M. D.
Medical Attendant.

Undertaker, Wm. M. Leonard & Son

Place of Business, 792 W. Baltimore *Address* 27 Hood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of such death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1156

[OVER.

Board of Health, City of Baltimore,

Permit No. 15126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 12
1877
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marianna Bohrhaak

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany Says 6 yrs in Amer

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and number. } 1 Dock Hospital

Cause of Death, { First (Primary,) old age
Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Oscar J. Costin M. D.

Date of Burial, Dec 13 1877 Medical Attendant.

{ *Undertaker,* Meindeln Dippel
{ *Place of Business,* 151. 153 Bond St *Address* 188 E. Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of birth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Stonze

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Howard Co Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 136 Hollins St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis.

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 14 — 1877

Undertaker, J. B. Blackistan & Son

Place of Business, 606 Bath st

[illegible] M. D.
Medical Attendant.

Address 379 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 15128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicotts City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 699 W. Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cc, P. H. Benson M. D.

Medical Attendant.

Date of Burial, Jan 13 — 1877

Undertaker, J. B. Blackistone Son

Place of Business 606 W. Balt. St — *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 12 JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann A. Hoffmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61. *Years,* 8 *Months,* 0 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg, Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 11 York St

Cause of Death, First (Primary,) Disease of heart. Intemperate habits

Second (Immediate,)

Duration of Last Sickness, Died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14th 1877.

Undertaker, Peter Dunmut.

Place of Business, No 318 Hanover St. *Address*

H H Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY [illegible] to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Passagna

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore. Entire lifetime

Place of Death, {Give street and number.} 63 President St

Cause of Death, First (Primary.) Seen by me a few moments after death first time. Probably Convulsions

Second (Immediate,) Convulsions

Duration of Last Sickness, About 22 hours

All the above information should be furnished by the Physician

Place of Burial, St Patrick's Cemetery

Date of Burial, January 13th 1877

Undertaker, James D Payne

Place of Business, No 63 So Front St

R Webster Cuthbert M. D.
Medical Attendant.

Address No 9 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1503/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel ~~Bob~~ Colburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, Sailor to & from Balt

Place of Death, {Give street and number.} Fort West Falls Avenue

Cause of Death, First (Primary,) Accidental Drowning

Second (Immediate,)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, Jan 13th 1876

Undertaker, Charles Stevens

Place of Business, Fall & Thorton

Edmund P Walker M. D.
Medical Attendant.

Address Coroner M. P. B

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 15233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Scarf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Nine (9) *Years,* Two (2) *Months,* four (4) *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 223. Lanvale St—

Cause of Death, {First (Primary.) Dropsy following Erysipelas fever

{Second (Immediate.) " " " "

Duration of Last Sickness, Twenty days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14 11

Undertaker, C W Hazard

Place of Business. 204 Penna Ave

Hammer & Fox M. D.
Medical Attendant.

Address 190 Penn Ave & 914. N. Lanvale St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REGISTRATION [illegible]

Board of Health, City of Baltimore,

Permit No. 15033

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE

Date of Death, Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susa Imager

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, Coat Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 184 Hanover

Cause of Death, {First (Primary.) General Debility days
Second (Immediate,)

Duration of Last Sickness, 2 Week

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, Jan 13 77

Undertaker, Emory C Denny

Place of Business, No 632 Light St

Geo. W. Adams *M. D.*
Medical Attendant.

Address 184 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15034

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hagy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 S. Broadway

Cause of Death, First (Primary.) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness Drawn on the night before she died.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 13th 1877

Undertaker, Hughes & Co

Place of Business, 65 Broadway

E. W. Hilton M. D.
Medical Attendant.

Address 121 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 15035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pugh

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, about 100 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 152 N. Spring Street

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Gen Debility

Duration of Last Sickness, for years

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Jan 1st 1877

{*Undertaker,* L. Barlow

{*Place of Business,*

James A Clemens M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Barlow 152 N. Spring St

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} 43 S. Caroline St.

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Exhaustion & Coma

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Lords

Date of Burial, Jan 13th 1916

Undertaker, Geo. W. Lucas

Place of Business, 56 S. Wolfe

G. G. Rusk Lord M. D.
Medical Attendant.

Address 1017 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 15037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. L. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 140 E. Durham St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions / Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Round County

Date of Burial, Jan 12th 1877

Undertaker, John H. Coates

Place of Business, 32 E. Wilkens

M. D.
Medical Attendant.

Address 140 E. Durham St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence R Bidmen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 100 North Paca

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis Pulmonalis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Jany. 13th 1877

Undertaker, Chas. A. Snider

Place of Business, No 320 W. Baltor Ave

H Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. E. Glover

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 6 Preble St

Cause of Death, {First (Primary.) Second (Immediate.)} Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 14 January 1877

Undertaker, John C. Schuck

Place of Business, 265 Pennsylvania Ave

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Thos. Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 11 White alley Balto.

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, {Give street and number.} Raburn St. No 238

Cause of Death, {First (Primary,) .... Pneumonia / Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Jan 12 1877

Undertaker, William Boerger

Place of Business, No 104

H. W. Webster M. D.
Medical Attendant.

Address 582 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 150-11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 01 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Reichenberger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, fifty four *Years,* *Months,* *Days.*

Color White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} Lee St. No. 29

Cause of Death, First (Primary,) Senile Gangrene

Second (Immediate,) General Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Jan 14th 1877

Undertaker, J. Reichenberger

Place of Business,

Dr. H. Salzer jr Gambel M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia Baker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: Co:

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 512 Pennsylvania Ave Patient Bellevue,

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness, About 12 hrs!

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 14th 1877

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave Address 121 N. Mount St

Dr. H. Little M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15043

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13 — 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Hopf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty four *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Prussia Bavarian

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, {Give street and number.} No 544 N. Paca St.

Cause of Death, First (Primary,) Not known

Second (Immediate,) Complications from Kidney Disease

Duration of Last Sickness, ~~3 months~~

All the above information should be furnished by the Physician

Place of Burial, A. A. Co Md

Date of Burial, Jan 15th 1897

Undertaker, G. Lumbard

Place of Business, 1389 W Pratt St

D. A. Rullin M. D.
Medical Attendant.

Address 57 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 157 244

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 mo 13 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucius O ~~Autaman~~ Child } Parent Mary V.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, Months, 32 hours Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 83 Hanover St

Duration of Residence in the City of Baltimore, 32 hours.

Place of Death, {Give street and number.} 83 Hanover St

Cause of Death, {First (Primary.) Heart disease

Second (Immediate.) 32 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 14 1877

Undertaker, Lucius O Child

Place of Business, 83 Hanover

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Bush

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gt Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 395 S Eutaw

Cause of Death, {First (Primary,) ; Second (Immediate,)} Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14th January 1877

{*Undertaker,* C. Wm. J. Keerle
Place of Business, 101 Eutaw St}

Theodore Code M. D.
Medical Attendant.

Address 146 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within four hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 13044 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE

Date of Death, January 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City,

Duration of Residence in the City of Baltimore, 3 years,

Place of Death, {Give street and number.} 2 Inlow alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Meningitis 3 week,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 14th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Geo L. Rice M. D.
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 136 Lyon st

Cause of Death, {First (Primary,) Chronic Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 14th 1877

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

J M Jenkins M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

Permit No. 15048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

Date of Death, Jan: 12th "

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Shannon

Sex, ~~Male or~~ *Female,* { Cross out the word not required In this line. }

Age, 2 *Years,* 5 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No. 252 Biddle st

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,) about nine days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Jan 14th/877

F. Simkins M. D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 476 Druid Hill ave Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS IS RESPECTFULLY INVITED TO THE REGULATIONS PRINTED ON THE BACK HEREOF.

Board of Health, City of Baltimore,

Permit No. 15049

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Daniel Stutes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, 81 yrs

Place of Death, {Give street and number.} N. 26 Front St Balto

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 4 yrs

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, January 16th 1877

Undertaker, John Wilcox

Place of Business, 59 S. Frederick St

M. D.
Medical Attendant.

Address 28 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 15050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14. 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward P. Hays

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 3 Jefferson St

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 14 Jan 3 Oclock

Francis A. Sauer M. D.
Medical Attendant.

Undertaker, George C. Rodeman

Place of Business, 38 Eason St

Address S. E. Cor. Jefferson & Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stockton st,

Cause of Death, {First (Primary,) / Second (Immediate,)} unknown

Duration of Last Sickness, as no Physican saw him, can't state,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 14th 1877

Undertaker, Hughes & Co

Place of Business, 515 Fayette

Geo E Gilmore? M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Johnston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard County Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} North Bond St Extended

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14th 1877

Undertaker, H. Schultheis

Place of Business, Monument St

Wm. L. Russell *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14. 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weltz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 260 E. Lombard St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 14 1877

Undertaker, A. Kohler

Place of Business, 260 E. Lombard

James A Steuart M. D.
Medical Attendant.

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Will

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md.

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give street and number.} S. Caroll st. (101)

Cause of Death, {First (Primary,) Scarlatina Malijna

{Second (Immediate,)

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan. 16th 2 P.M.

{*Undertaker,* Jones Bros.

{*Place of Business,* 17 Hoffman st

R. W. Manfred M. D.

Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15055 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Living City

Place of Death, {Give street and number.} 179 S. Sharp st

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician

Place of Burial, Saml. Cemetery

Date of Burial, Jan 14. 1877

Undertaker, John. C. Gadd

Place of Business, No 63 Park Ave

C. A. Cole *M. D.*
Medical Attendant.

Address Co. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Reese Fowler.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* Ten *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 405 S.E. Corner Lexington & Poppleton Sts.

Cause of Death, {First (Primary.)} Encephalitis

{Second (Immediate.)} do do

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 15th 1877

Undertaker, H B Cook

Place of Business No 707 W Baltimore Street

Nummer & Fox M. D.
Medical Attendant.

Address 190 Penn Avenue. Balto, Md
We were not called to see this child until he was in a dying condition.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ~~cognizance~~, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerzenbrich

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 48 *Years,* 11 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 377 Canton Av.

Cause of Death, First (Primary,) Cancer of liver

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 15th

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

C. G. Dunn *M. D.*
Medical Attendant.

Address 271 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Fees

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Ohio avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Pertussis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 12th 1877

Undertaker, Mike Penny

Place of Business, 1118 Pratt

James Clemens M.D.
Medical Attendant

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Off Fairbank - S. Deskin

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Reynolds

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* ~ *Months,* ~ *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 153 Sarah Ann St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Cold & Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15th 1877

Undertaker, P. Kummert

Place of Business, Mulberry St

James A Stewart M. D.
Medical Attendant.

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James A. Reynolds

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15060 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

Date of Death, Jan. 13 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matty Adler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 21 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 335 E. Pratt St.

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate.)

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem

Date of Burial, January 15

Undertaker, C. Hollander & Son

Place of Business, 22 N. Pratt.

Horace R. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12. 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Lillian Doane Bayly.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

Age, 17. *Years,* 9 *Months,* 27. *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Pupil in school. School girl.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. E.S. Va.

Duration of Residence in the City of Baltimore, 212 S. Charles St.

Place of Death, {Give street and number.} do.

Cause of Death, {First (Primary,) Caries of Jaw — Second (Immediate,) Hemorrhage & Asthenia

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cy.

Date of Burial, 15th

Undertaker, Wm. J. Stewart & Sons

Place of Business, 31 Park Ave

A. K. Bayly M. D.
Medical Attendant.

Address 207 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15.062

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15,062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

Date of Death, Jan 14,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Horney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23. *Years,* 3 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 59 Wythe St

Cause of Death, {First (Primary.) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 16th 1877

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Cross sts

Sheldon Corbin M. D.
Medical Attendant.

Address 146 W. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Grace Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 169 Madison Av.

Cause of Death, First (Primary,) Laryngeal diphtheria

Second (Immediate,) following Measles

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, January 15 1877

J. E. Atkinson, M. D.
Medical Attendant

Undertaker, Chas. H. Driver

Place of Business, 2711 Eutaw St *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

Date of Death, January 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Dickson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 171 York St

Cause of Death, {First (Primary.) Scarlet Fever

{Second (Immediate.) " "

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetary

Date of Burial, Jan 15th

Undertaker, Jacob Davis

Place of Business, 103 Lee St

A. J. Bell M. D.
Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Swan

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, 11 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 244 Pennsylvania Ave.

Cause of Death, {First (Primary,) Spasms

{Second (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, F. P. Cemetery.

Date of Burial, 15th Jan. 1877.

{*Undertaker,* L. Herzog

{*Place of Business,* 96 S. Eden St.

Thomas Jeffries M. D.
Medical Attendant.

Address 70 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Dolley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 231 E. Balt. St.

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, St Patricks

Date of Burial, Jany 15 1876

Undertaker, W. A. Daiger

Place of Business, 74 S. Bing

John F. Hammond M. D.
Medical Attendant.

Address 61 W. Pratt & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15067

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th Mo. Jan. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helen Lohmeyer.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} ~~11 months 3 Days~~

Age, — *Years,* 11 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 30 1/2 E. Pratt St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Rheum. acute.

Duration of Last Sickness, ab. 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'te

Date of Burial, Jan 16

C Mastmeyer M. D.
Medical Attendant.

Undertaker, Wm Hackmann

Place of Business, 26 Bank St *Address* 57 Aisquith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Farrell

Sex, Male or Female, {Cross out the word not required in this line,} male

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St. Vincents Infant asylum

Cause of Death, First (Primary,) Cancrum Oris following measles

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 16. 1877

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M. D.

Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y ▲ F I

Board of Health, City of Baltimore,

Permit No. 15069

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Premature birth 7 mos

Second (Immediate,) Debility

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Jany 16. 1877

Undertaker Samuel Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

Permit No. 15070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 Mo 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wm Maxwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and number.} 140 N. Stricker St

Cause of Death, First (Primary.) Scarlet fever

Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 16th Jany 1877

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Address 1147 Lexington St

W.T. Riley M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Jefferson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* —— *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 138 ~~Saratoga~~ Street

Cause of Death, {First (Primary,) Epileptic Fits

{Second (Immediate,) "

Duration of Last Sickness, all her Life Subject to them

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1877

Undertaker, H. A. Dunfee

Place of Business, East St

James A Steuart M.D.
~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information Thos Jefferson Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Phyrician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

Date of Death, January 5. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nevins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Townsend & Hyde Avenue

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Coma

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemt

Date of Burial, 16th Jany 1876

Undertaker, Jacob Weaver

Place of Business, 446 Druid Hill av

Wadsworth Brewer M. D.
Medical Attendant.

Address 241 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janry. 13th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Col. John Sutton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 80 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Line Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 64 yrs.

Place of Death, {Give street and number.} West Lexington St.

Cause of Death, {First (Primary.) Cerebral Disease of Heart

{Second (Immediate.)

Duration of Last Sickness, 6 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground

Date of Burial, Jan 16th 1877

Undertaker, Thos J Thompson

Place of Business, 66 E Balto

John F. Monmonier M. D.
Medical Attendant.

Address 5 N. Calvert & Readin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

Date of Death, Jan 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 72 N Green St

Cause of Death, {First (Primary,)} Heart Disease

{Second (Immediate,)}

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetary

Date of Burial, Jan 16 1877

Undertaker, Jos. B. Cook

Place of Business, 707 N. Baltimore St

Geo G Gaither M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Elizabeth G. Eachus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 270 McCulloh

Cause of Death, {First (Primary,) Senile atrophy of Brain with} {Second (Immediate,) Paralysis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 16th 1877

Undertaker, Jacob Weaver

Place of Business, 676 Druid Hill Ave

Edwd F. Nicholson M. D.
Medical Attendant.

Address 279 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sumner McPhail Fulton Biddle

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 235 Dover St

Cause of Death, {First (Primary.) / Second (Immediate.)} Bronchitis

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 1877

Undertaker, S. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.
Physician's Signature

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

Date of Death, Jan 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Brans

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 9 Peach alley

Cause of Death, {First (Primary.) {Second (Immediate,)} Phthisis

Duration of Last Sickness, ~~2~~ 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — Theodore Bode M. D.

Date of Burial, Jan 16 1877 — Medical Attendant.

Undertaker, W H Chase

Place of Business, No 198½ Howard St — *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Marie Edwards

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 159 Lee St —

Cause of Death, First (Primary,) Whooping Cough —

Second (Immediate,) Convulsions —

Duration of Last Sickness, About six Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Wash Cemetery

Date of Burial, Jan 16th 1877

Undertaker, Wm O Hughes

Place of Business, 64 E Baltimore St

J Harvey Hill M. D.
Medical Attendant.

Address 2119 Edmondson Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Baxter Dorsey

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of Life nearly

Place of Death, {Give street and number.} No 18 Oliver Street Baltimore

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,) Paralysis. With Inflammation Chronic Diarrhea

Duration of Last Sickness, From the first attack to death 8 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 16th Jany 1877

Robert J Hall M. D.
Medical Attendant.

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St Address No 18 Oliver St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15180 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Johnston

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored. *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Oyster Shucker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Existence

Place of Death, {Give street and number.} Grand Jurors Room City Block.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Hemorrhage.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1877

Undertaker, William St. Lunge

Place of Business, No 104 East St

Edward Mudd M. D.
Medical Attendant.

Address 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15/77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hipsley Kuzler.

Sex, ~~Male,~~ ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 2 *Months,* 6 *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 N. Dulaney St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions,

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 16th/77

Undertaker, Geo. Schilling

Place of Business, Sign & Monument St *Address* 77 George St,

H. R. Stellenhoff, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

Date of Death, January 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Sandys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, forty nine 49 *Years,* three 3 *Months,* three 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Letter Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No. fifty nine 59. Howard Street

Cause of Death, {First (Primary.) Typhoid fever Pneumonia Opthisis. Second (Immediate,)}

Duration of Last Sickness, fourteen 14 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 1877

Undertaker, Geo Schilling

Place of Business Aisquith & Monument sts *Address* 18 Aisquith St.

Geo H. Rogers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Gph Brozenske

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ____ *Years,* ____ *Months,* / *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Cal & Fred Ave

Cause of Death, {First (Primary,) ... Second (Immediate,)} Spasms

Duration of Last Sickness, 4 few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Athonius Cemetery

Date of Burial, Jan 16 77

Geo H Davis M. D.
Medical Attendant.

{*Undertaker,* Paulus
Place of Business, Frederick Avenue}

Address 91 Fred Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1877 at 3 o'clock a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Wendle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 5 *Years,* 6 *Months,* 13 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give street and number.} 57 Walker St. Baltimore

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan 16th 1877

C. C. Richardson M. D.
Medical Attendant.

Undertaker, John S. Bacher

Place of Business, No 157 Eastern Av *Address* 332 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen M Etchberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 284 E. Balto St

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 16th 1877

A. J. Lockard *M. D.*
Medical Attendant.

Undertaker, Bevan

Place of Business, —— *Address* 23 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Whitehead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 872 Pratt Street

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Tuberculosis et congestion

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician

Place of Burial, Loudenslager

Date of Burial, January 16

Undertaker, C. Wade & Co

Place of Business, 180 West St

C. D. Dyer *M. D.*
Medical Attendant.

Address North & Hill Sts Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR JAN 16 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Sanders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 185. Wilkins

Cause of Death, {First (Primary,) Asthma with Valvular

{Second (Immediate,) Disease of Heart

Duration of Last Sickness, Died Suddenly, sick some years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 17th 1877

Undertaker, J. R. Carter

Place of Business, No 707 W Baltimore st

Edwd. F. Micholand M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Herman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kirchhal, Germany

Duration of Residence in the City of Baltimore, 2½ Years

Place of Death, {Give street and number.} Hebrew Hospital, Baltimore

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, Jan 16/77

Undertaker, C. H. Pennington

Place of Business, 136 E. Fayette

A. E. Stein, *M. D.*
Medical Attendant.

Address Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Bringe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy-four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country; and how long in the United States, if of foreign birth} German.

Duration of Residence in the City of Baltimore, Seventy-two yrs

Place of Death, {Give street and number.} No 8 Lee St -

Cause of Death, {First (Primary.) Stroke from fall on the ice} {Second (Immediate,) Cerebral Effusion}

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 1877

Undertaker, Andrew Lutz

Place of Business, 11 & Druid Hill Ave

M. D.
Medical Attendant.

Address 59 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hawkings

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male Color

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore. Ten Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Ct Clements

Date of Burial, Jan 14 1877

Undertaker, Charles Simpers

Place of Business, Pratt & Howard Sts

J. B. Boyle M. D.

Medical Attendant.

Address 116 E. Eager St

W. H. Dickerson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Doring

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 37 Walker st

Cause of Death, {First (Primary.) Indigestion convulsions} {Second (Immediate,) Suddenly}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 16th 77.

Undertaker, M. J. Dill

Place of Business, 183. Columbia st.

J. H Emmey M. D.
Medical Attendant.

Address 76 Stroud st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15092

HEALTH DEPARTMENT JAN BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 58 E. Monument St

Cause of Death, First (Primary,) Bright's disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, Confined to house 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1877

Undertaker, Wm L Gray

Place of Business, 65 Aisquith St

J. E. Atkinson. M. D.
Medical Attendant.

Address 209 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15093 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Bonsall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} United States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 352 N Stricker

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) —

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Friends Burial Ground Fayette & Asquith Sts

Date of Burial, Jan 16 1877

Undertaker, Thos Shea & Co

Place of Business, 830 Fayette St

E Gover Cox M. D.
289 W Fayette St Medical Attendant.

[illegible] H. Morris Coroner's M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Bazinda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Prestman & Gilmer

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,)

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Thos. S. Latimer M. D.
Medical Attendant.

Place of Burial, Loudon Co

Date of Burial, Jan 13

Undertaker, Blizzard

Place of Business, 201 Aisquith

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 15-Th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Holtz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md., Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Sterett St.,

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Heart disease

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 16.

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

R. C. Lee M. D.
Medical Attendant

N. W. cor Caroline & D.
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pratt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Preston & Gilmor

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Jan 16

Undertaker, C H Blizzard

Place of Business, 201 Pratt

Thos S Latimer *M. D.*
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca King

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 1 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 mos. 1 day.

Place of Death, {Give street and number.} 401. N. Gilmor St.

Cause of Death, {First (Primary.) Indigestion,
Second (Immediate,) Inanition

Duration of Last Sickness, 5 mos. 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Jan 16th 1876

Undertaker, Henry W. Wears

Place of Business, 45 N Gay St

Elias C. Rice & Son M.D.
Medical Attendant.

Address 262. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnston

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md.

Duration of Residence in the City of Baltimore, About twenty years

Place of Death, {Give street and number.} No. 131 N. Spring St

Cause of Death, First (Primary,) Valvular Disease of the Heart

Second (Immediate,) Pulmonary Oedema

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 16th 1877

Undertaker, John McCosh

Place of Business, 52 S. Wolf St

John D. Fiske M. D.
Medical Attendant.

Address No. 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Jefferson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Blacke. *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} Bethel st 183.

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 16 Days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1877

Undertaker, John M. Cooke

Place of Business, 57 S. Mill st

John A Schmidt M. D.
Medical Attendant.

Address N E Cor Lombard & Eden sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Marshall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 495 ~~Eat~~ Eutaw

Cause of Death, {First (Primary.) ; Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St *Address* 146 Hanover St

Sheridan Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Babcock

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Iowa

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 57 Warren Court

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 17th 1897

James A Steuart M. D.
Medical Attendant.

{*Undertaker,* Hoffheste & Co
Place of Business, Broadway} *Address* Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th '77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 82 Sterling St

Cause of Death, First (Primary,) unknown

Second (immediate,) natural

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 17 1877

Undertaker, J. C. Byrne

Place of Business, 63 Front St

Edmund R Walker M. D.

~~Medical Attendant.~~

Address Corner M. P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...ion 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ... who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15103.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE

Date of Death, 15th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 87 Saratoga st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, January 17th 1877

Undertaker, John R. Weaver

Place of Business, # 22 W. Fayette St

J. W. Webster Jr M. D.
Medical Attendant.

Address 57 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 15701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th January 18[illegible]

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Aged Mens Home

Cause of Death, { First (Primary,) Softening of Brain / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial,

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St

Geo H Taylor M. D.
Medical Attendant

Address # 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 65

[OVER.

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} P Burke

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 28 *Years,* *Months,* *Days.*

Color, W M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. Twenty Years

Place of Death, {Give street and number.} No. 58 - Tyson st

Cause of Death, First (Primary,) Gastritis Chronic - probably

Second (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Richd McSherry M. D.

Date of Burial, Jan 18 Medical Attendant.

Undertaker, Joseph F Byrne Address 89 W Hanover

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte A. Hilton.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Ten *Months,* Five *Days.*

Color, White. *Sex,* Female.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 355 S. Bond St.

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate.)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Cemetary

Date of Burial, January 17th 1877. Nicholas L. Gilbert *M. D.*
Medical Attendant.

Undertaker, Fred Foede

Place of Business, 155 E. Balto St. *Address* 317 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Robertson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3. *Months,* 9 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City, D.C.

Duration of Residence in the City of Baltimore. 3 years.

Place of Death, {Give street and number.} 164 E. Fayette St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever, 18 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cem,

Date of Burial, Jan 17th 2. P.M

Undertaker, Robt Hall

Place of Business, 233 E. Balto

J. W. Hoeck M. D.
Medical Attendant

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Leidner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 9 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Forest St. West End

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus' R. C.

Date of Burial, Jany 18th 1877.

Undertaker, Jno P. Paulus

Place of Business, 66. Fred. Ave

DR. J. R. SMITH. JAN 17 1877 BALTIMORE, MD.

M. D. Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ringrod

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ *Months,* 3 *Days.*

Color, White *Sex,* Infant.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give street and number.} Maternite 163 N Sanford,

Cause of Death, First (Primary,) Hydrocephalus,

Second (Immediate.)

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, ~~Potter's Field~~ Et Pat. Cemetery

Date of Burial, Jan 17th 1877 Wm Roder M. D.

Medical Attendant.

Undertaker, Chas Sheppek

Place of Business, E Pratt St Address 163 N Sanford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kenna

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

~~Age~~, *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Female.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Infant.

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Seven days.

Place of Death, {Give street and number.} Maternity 163 N Sharland,

Cause of Death, {First (Primary,) Inflamation.

{Second (Immediate,)

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, ~~Fellowship~~ E. Pat. Cemetery

Date of Burial, Jany 17th 1877

Undertaker, Chas Schaefer

Place of Business, E Pratt St

Wm Rodes M. D.

Medical Attendant.

Address 163 N Sharland,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidney W. Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 24 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 68 S. Ann St.

Cause of Death, First (Primary,) Gastro enteritis

Second (Immediate.) ____

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Jan 17th 1877

John S. Lynch M. D.
Medical Attendant.

{*Undertaker,* Houchester Co
{*Place of Business,* 8 & Broadway, *Address* 514 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15114 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Jane Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 11 Months, 15 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Wharf pl. Front Street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Monday 15th inst

Undertaker, Chas T Weiner

Place of Business, 2711 Eutaw *Address*

H. G. Koch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 658

[OVER.

Board of Health, City of Baltimore,

Permit No. 15713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Schmidt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} Durham st No. 255.

Cause of Death, First (Primary,) Complications of Scarlatina Anginosa.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reform Cem'y

Date of Burial, Jan 17th 1877

Undertaker, H. Frocklich

Place of Business, 246 Eastern Av

C. M. Schutte. Jr. M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday January 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Anna Thomas

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* ——— *Months,* 10 *Days.*

Color, ——— White ——— *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ——— Single

Occupation, ——— None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 60 Rose St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, One year & five Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cmty

Date of Burial, Jan 17th 1877

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

J C Richard M. D.
Medical Attendant.

Address 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15115 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Daly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 117 Druid Hill Ave

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,)

Duration of Last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 18th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 114 & 116 Druid Hill Ave

H. E. Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

Date of Death, Jan. 17th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh O'Neale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 St. Calhoun st.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 19th 1877

Undertaker, H. Oneal

Place of Business,

Albert Stephens, M. D.
Medical Attendant.

Address 30 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mary Schley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years.* Four *Months,* Thirteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md, since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Rock St.

Cause of Death, {First (Primary,) Measles — Second (Immediate,) Capillary Bronchitis — About 6 days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 17th 1877

{*Undertaker,* Adam Weidemeyer

{*Place of Business,* 578 W. Baltimore St.

Benjn Whiteley M. D.
Medical Attendant.

Address "Balto. Genl. Disp."

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tracy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly 2 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) General debility

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, Jan 18th 1877

Undertaker, A. Leitz

Place of Business, 118 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1159

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15719.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th. January 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Braun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 20 *Days.*

Color d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime,

Place of Death, {Give street and number.} S. Durham Street Nro 192.

Cause of Death, {First (Primary,) Hydrocephalus chronicus

{Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 17th 1877

{*Undertaker,* John H. Loose

{*Place of Business,* 58 & Wolfe St

William Hamel M. D.
Medical Attendant.

Address S. Wolfe St. Nro 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gibson Cloud,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 - *Years,* *Months,* *Days.*

Color, Col'd *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~A~~ Driver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Eastern Shore Md

Duration of Residence in the City of Baltimore, Eight Years.

Place of Death, {Give street and number.} 71. Duncan Alley.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Typhoid Fever.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bethel ground

Date of Burial, Jan 18.

Undertaker, John W. Lake

Place of Business, 1.3 Wolf st

E. M. Gordon *M. D.*
Medical Attendant.

Address 166 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* four *Months,* two *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} North Chapel St. No 105

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Effusion of Serum into Pericardium

Duration of Last Sickness, five months

All the above information should be furnished by the Physician

Place of Burial, Loudenslager

Date of Burial, Jan 17.

Undertaker, John M. Loh

Place of Business, 57 Holly st

Albert Lyman *M. D.*
Medical Attendant.

Address 375 E. Baltimore St.
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M. Dermott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty Years, Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monahan County Ireland.

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, {Give street and number.} 84 Fleet St

Cause of Death, First (Primary,) Pleurisy,
Second (Immediate.)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cem. Govanstown

Date of Burial, January 18. 1877

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway.

Medical [illegible] M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15723

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} daughter of Eugene & Lillie Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 mo — *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113 N. Stricker

Cause of Death, {First (Primary,) Hemorrhage from. Second (Immediate,) Funis umbilicalis

Duration of Last Sickness, did not see it until night of Jan. 16th

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 18th 1877

{~~Undertaker,~~ Eugene Williams

{*Place of Business,* 113 N. Stricker St

J. S. Jordan M. D.
Medical Attendant.

Address 132 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Gibbs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anns Co Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 11 Donnegls Court 6

Cause of Death, {First (Primary,) ... Second (Immediate,) Old age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Lazarus Cemetery

Date of Burial, Jan 18 1877

Undertaker, Wm F Lange

Place of Business, 104 East St

E. A. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Parker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 40, 7 Watkins Avenue

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Jan 18th

James Bosley M. D.
Medical Attendant.

Undertaker, J. B. Blackistin & Son

Place of Business, 606 W. Balto St. *Address* 365 Hollins St Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Howell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 70

Place of Death, {Give street and number.} No. 388 Light St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 19th 1877

Undertaker, John F. Weaver

Place of Business, # 22 W. Fayette St.

W. B. Noble M.D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Allen C. Wagner.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 35 Hollins St.

Cause of Death, { First (Primary,) Pl Phthisis. / Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetry Alan P. Smith M. D.

Medical Attendant.

Date of Burial, Jan 19th 77

Undertaker, Hughes & co

Place of Business, 550 Fayette st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13. 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Banenger.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore. 40 Years.

Place of Death, {Give street and number.} 63 N. Eden ny St.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19th 1877

Undertaker, Hy K. Mears

Place of Business, 115 N Gay St

J. N. Hanck, M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Turney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 15 *Months,* *Days.*

Color, White *Sex,* Girl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 mo

Place of Death, {Give street and number.} No ~~McHenry~~ St Penna Av

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Congestion Brain

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 18 "

Undertaker, Chas T Scriven

Place of Business, 2218 E Eutaw St

Geo. G. Brewer M. D.
Medical Attendant.

Address 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15130 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Jany. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McKenna

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 65 Years Months, Days.

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Teamster.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 7 North Bond n.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, by attendant four days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Jan 19 " 1877

Undertaker, Chas J Scruin

Place of Business, 271 N Eutaw

John F. Monnett, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Lukasovsky

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 9 *Months,* 2 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 200 N. Bond St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 200 N. Bond St.

Cause of Death, { First (Primary,) ~~Inflammation~~ Convulsion
Second (Immediate,)

Duration of Last Sickness, Suddenly this morning

All the above information should be furnished by the Physician.

Place of Burial, H. Mennejo ground

Date of Burial, 18 January 1877

Undertaker, Ulrich Schmidt

Place of Business, 263 E. Eager St *Address* 261 N. Broadway

J. W. White, M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 Jan 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Cornish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, 3 yr

Place of Death, {Give street and number.} 14 Jordan alley near Biddle

Cause of Death, {First (Primary.) scarlatina / Second (Immediate.)}

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem G L Tarryhill M. D.

Date of Burial, January 18th 1877 Medical Attendant.

Undertaker, Chas L Saviers *Address* 129 N Biddle.

Place of Business, 27 1/2 E Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Berry. Six

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Westminster Md

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 50 Division Street

Cause of Death, {First (Primary.) Scarlet Fever. Second (Immediate.) Diptheria

Duration of Last Sickness, about 5 days.

All the above Information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetary

Date of Burial, Jan 19th 1877

Undertaker, Andrew Seitz

Place of Business, 1182 and 1184 Ave

Hammond Hoy M. D.
Medical Attendant.

Address 190 Penn Ave
414. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Blamberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 m *Months,* 10 *Days.*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ho 75 Milliman Street

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate.) Dropsy Uraemic Coma.

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 19th 1877

Chas. L. Klueber *M. D.*
Medical Attendant.

Undertaker, H. Hagmann

Place of Business. 63 N. Eden St

Address 222 N. Bradway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15135

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Zeyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* " *Months,* " *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cabinet-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} Washington Unniversity Hosp

Cause of Death, {First (Primary,) Child Cairs — Hydrocephalus

Second (Immediate,) Patient never rallied since

Duration of Last Sickness, Six-weeks

All the above Information should be furnished by the Physician

Place of Burial, St Mary's Cemetery

Date of Burial, 19 January

Undertaker, Adam Fink

Place of Business, 461 W. Fay St

A L Wolfe M. D.
Medical Attendant.

Address Wash. U. Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Lintz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Holland between Gilmor and

Cause of Death, {First (Primary,) Burn — (Scalded)
Second (Immediate,) during delirium

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 19th 1877

{~~Undertaker~~, John Lintz
Place of Business, 42 Penn St

C. A. Dudderar M. D.
Medical Attendant.

Address No 116 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1877 BOARD OF HEALTH BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th January 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kissie Hill

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* 5 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 7. Little Vine Street

Cause of Death, { First (Primary,) Tuberculosis

Second (Immediate.)

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 18 1877

{ *Undertaker,* W H Chase,

{ *Place of Business,* 198 W Lexington St

Geo E Lyster M. D.
Medical Attendant.

Address # 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15138

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 13 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Valentine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* — *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 95 E. Church St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 E. Church St

Cause of Death, {First (Primary,) Scond (Immediate,)} Acute Meningitis

Duration of Last Sickness, 5 or 6 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15 1877

Undertaker, J. Nichols

Place of Business, 199 Howard St

Geo. H. Dunnel *M. D.*
Medical Attendant.

Address 111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 15139 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 22 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower? {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 221 N. Howard St

Duration of Residence in the City of Baltimore, 6 Yrs & 8 mos 22 ds

Place of Death, {Give street and number.} Ch Hosp for

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hooping Cough

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physicinn.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 77

Undertaker, W S Chase

Place of Business, 221 Howard St

Dr Gilliss M. D.
Medical Attendant.

Address 28 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

Board of Health, City of Baltimore,

Permit No. 15140 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th January 1877. 11 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina M Johnston.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty Seven *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady of a family.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} No 80. Monument Street. W.

Cause of Death, First (Primary,) Sun-paralysis.
Second (Immediate,) Neurasthenia.

Duration of Last Sickness, Seven Months.

All the above information should be furnished by the Physician.

Place of Burial, Princess Anne

Date of Burial, January 19th 1877.

Wm Crum Bibbins M. D.
Medical Attendant.

Undertaker, A. Penkuick & Son

Place of Business, Howard St *Address* 49. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 6.6.11

KODAK

Board of Health, City of Baltimore,

Permit No. 15141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Abbott

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Fifty two *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Waterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Maryland

Duration of Residence in the City of Baltimore, About Forty years

Place of Death, {Give street and number.} 4 Armistead Lane

Cause of Death, {First (Primary,) Chronic Nephritis

{Second (Immediate,) Uremia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 15th 1877

{Undertaker, Ernst & Benn

{Place of Business, 263 Light St

Julius Hall M. D.
Medical Attendant.

Address 40 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE

Date of Death, Jan'y 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Maddox

Sex, Male or Female, {Cross out the word not required in this line.} F. Male

Age, 64 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 151 Cross St.

Cause of Death, {First (Primary.) Second (Immediate.)} Pleuro-pneumonia. 1 Week

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, Jan'y 21 1876

Undertaker, Armstrong & Conn

Place of Business, No 263 Light St Balto

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

Date of Death, December 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 304 Light St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 19th 1877

{*Undertaker,* Armstrong & Sons / *Place of Business,* 263 Light St}

W. B. Noble M.D.
Medical Attendant.

Address 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

Permit No. 15144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Silas Barnett

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } No 2 Bruce Alley

Cause of Death, { First (Primary,) Capillary Bronchitis / Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral cemetery James Bailey M. D.

Date of Burial, Jan 18th 1877 Medical Attendant.

Undertaker, I B Cook

Place of Business, No 707 W. Baltimore Street *Address* 365 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Henry Chas Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 S. Sticker St

Cause of Death, {First (Primary.) Second (Immediate.)} Pneumonia —

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Jan 19th 1877

Undertaker, Adam Heilemeyer

Place of Business, 518½ W. Baltimore St.

H. R. Buckner M. D.
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 1877 BALTIMORE HEALTH DEPARTMENT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hoy D Orton,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 6. *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mathematician.

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ohio

Duration of Residence in the City of Baltimore. Three Months.

Place of Death, {Give street and number} Washington, University Hosp.

Cause of Death, {First (Primary.) Phthisis Pulmonalis,
Second (Immediate,)}

Duration of Last Sickness, Two Years,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 19 1877

A L Wolfe, M. D.
Medical Attendant.

Undertaker, T. D. Hughes

Place of Business, E Balto St Address Wash. U. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Boyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 256 Pine St.

Cause of Death, First (Primary,) Dropsy — Supposed Natural

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 19th 1877

Undertaker, Wm L Gray

Place of Business, 65 Mulberry St

J. G. Wilson M. D.

Medical Attendant.

Address 398 W Fayette St.

(5)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 18. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Julia Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* — *Days.*

Color, Blk.

~~Married.~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 4 yr

Place of Death, {Give street and number} 159 West Biddle St

Cause of Death, {First (Primary,) Burning (by coal oil lamp explosion)

{Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 19th 1877

Undertaker, Wm. Jas. Gray

Place of Business. 65 Market st

G L Tanyhill M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

JAN 19 1877 HEALTH DEPARTMENT BALTIMORE

Permit No. ~~15049~~ (15149) OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1877 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Child of David Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months.* 1/2 hour old *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 26 South Dallas St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Unnatural Labor — Second (Immediate,) Strangulation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Grave yard

Date of Burial, 16 of Jan 877

F. E. Fooks M. D.
Medical Attendant.

Undertaker, Geo. S. Jones

Place of Business, 162 S Dallas — *Address* 179 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 15750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} James H. Townsend

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 82 N. Eden St.

Cause of Death, {First (Primary.) Valvular disease of the Heart

Second (Immediate.) Anasarca

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 20 1877

Undertaker, Wm Fry

Place of Business, 57 E Broadway

L. Glanville Rueck M. D.
Medical Attendant.

Address Balt. & Mach. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Perry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard County Md.

Duration of Residence in the City of Baltimore, Most Eight years

Place of Death, {Give street and number.} 448 W Pratt

Cause of Death, {First (Primary,) Disease of Kidney

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan. 19th 1877

J. J. Smithicum M. D.
Medical Attendant.

Undertaker, J J Hobaker

Place of Business, 262 Pratt

Address 574 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Trzciak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 290 S. Amm St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cimmy

Date of Burial, January 18

{ *Undertaker,* H. Lippel
Place of Business, 1 Bond st 151

John Rehberger M. D.
Medical Attendant.

Address 243 Alice Ann St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate th, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

Permit No. 15753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Melvina Hines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Y. *Years,* 6 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 366 Pennsylvania Avenue

Cause of Death, First (Primary,) Organic disease of the heart. (Sigmoid Valve)

Second (Immediate,) Thrombus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday 21st. January 77

Undertaker, Churchill & Co Address 431. Penna. Ave.

Place of Business, 366 Pa ave

J. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT 1877

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 2 5

Place of Death, {Give street and number.} 30 Dewberry Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Sore Throat

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 19 1877

Undertaker, Wm M Dangel

Place of Business, No 104 East St

H. Entwisle M. D.
Medical Attendant.

Address 452 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1897 BALTIMORE

Date of Death, January 16th 97

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. A. Tyler

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 175 E. Eager St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 175 E. Eager St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Simple Meningitis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem.

Date of Burial, Jan 20th 1897

{*Undertaker,* Geo. C. Rodenmayer / *Place of Business,* 1038 Eastern Ave Balto}

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

Date of Death, 18 January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dickerson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* ~~Months,~~ ~~Days.~~

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the wor ls not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 135 N Caroline St

Cause of Death, First (Primary:) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Several Years; but confined to the house only since 4th September last

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 21 1877

Undertaker, H M Chase

Place of Business, No 1 N Howard St

B. F. Leonard M. D.
Medical Attendant.

Address 317 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 — 7 P M 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henry Phillip Hartmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} E. Col. Alice Ann & Holly

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 20th Jan 1877

Undertaker, Wm. A. Adams

Place of Business, Alice Ann st 258

Jamed E. Donnelle M. D.
Medical Attendant.

Address 279 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

Permit No. 15158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Heaton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 198 E. Eager St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 198 E. Eager St

Cause of Death, {First (Primary,) Diphtheritic sore throat

{Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, 20 January

Undertaker, Adam Link

Place of Business, 401 N Gay St

Jno Buxton Hyde *M. D.*
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE

Permit No. 15759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Magunagle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 20 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 35. Lancaster alley

Cause of Death, {First, (Primary.) Heart Disease

{Second (Immediate.)

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jany 20/77

{*Undertaker,* Wyatt

{*Place of Business,* 54 N Broadway

H. A. Nice M. D.

Medical Attendant.

Address 210 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

Permit No. 15160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Conway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Bond St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 20th 1876

Undertaker, J. F. Whalmers

Place of Business, Penna Ave

Address 550 W Baltimore St

R. K. Smith *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 157 91

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1891 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1891 BALTIMORE

Date of Death, 18 January 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Shorten

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 6 Months, 5 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Hoffard Street 16

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Spasms.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 20 January

Undertaker, Charles Roney

Place of Business, 1362 Eutaw St

A. F. Reinhard M. D.
Medical Attendant.

Address 2241 Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Certificate No. 15162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1877 BALTIMORE.

Date of Death, January 18. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adenia Hall.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, 2 *Years,* 3 *Months,* 5 *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No 8 Harlem Ave.

Cause of Death, First (Primary,) Scarletina Maligna

Second (Immediate,)

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 20th 1877

{ *Undertaker,* W. H. Hayes

{ *Place of Business,*

Jno. F. Powell. M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} W. R. Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 54 *Years,* 5 *Months,* 17 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} ~~Residence of Dec'd~~ 276 N. Eden St

Cause of Death, First (Primary.) Hemorrhage of the Lungs

Second (Immediate.) Embolism

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st/77

T. Donaldson M. D.
Medical Attendant.

Undertaker, Geo. Schilling *Address* 108 Park Ave

Place of Business, Gay & Monument Sts Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peregrine Gorsuch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty ninth *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widowed~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Conveyancer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Fifty three years

Place of Death, {Give street and number.} No 227 Aisquith St

Cause of Death, {First (Primary,) Chronic affection of Prostate
Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22nd/77

Undertaker, Geo. Schilling

Place of Business, Aisquith & Monument st

A. Shutard M. D.
Medical Attendant.

Address No 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Frame

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 31 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 325 Linden Avenue

Cause of Death, First (Primary,) Broken Heart

Second (Immediate,) Gangrene, Scrotal & Pelvic Cellulitis & Septicaemia.

Duration of Last Sickness, from 23d Dec. 1876

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 20th 1877

Christopher Johnston M. D.
Medical Attendant.

Undertaker, John R. Weaver

Place of Business, #22 W. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary,) Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Jany 20. 1877

Undertaker, Jacob Kaffman

Place of Business, 126 Pennsa Avenue

Martin Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Jones.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty Six *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 126. Eden St.

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Cardiac dropsy.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, January 20th 1877.

Undertaker, William H. Lemmon.

Place of Business, 114. East. St.

T. E. Ireland M. D.

Medical Attendant.

Address 78. Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18. 1877. 5. P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rome Durand

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Eleven *Years,* Three *Months,* —— *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyson St. Baltimore City

Duration of Residence in the City of Baltimore, Tyson St No 172

Place of Death, {Give street and number.} Tyson St. No 172

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Burns

Duration of Last Sickness, about 2 mos since the burns

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20 1877

Undertaker, John A Gade

Place of Business, 116 E. Park Ave

Wm H. Davis M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15119

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Hein

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 290 N. Bond Street

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,) Paralysis cerebri

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22nd/77

Undertaker, Geo. Schilling

Place of Business, Sign with & Monuments

Address 245 S. Milton Ave

J. Flatter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

No. 15770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances E Waltham

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 48 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 212 E. Pratt st

Cause of Death, {First (Primary,) Disease of Heart Rd Pneumonia} {Second (Immediate,) Depression}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 21st 2 P.M.

Undertaker, Reid Bros

Place of Business, 223 E. Pratt st

G. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

No. 15171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Byerly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Enson St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Paralysis}

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Balt Co'nty

Date of Burial, Jan 20th 1877

Undertaker, W. H. Hoelscher

Place of Business, S. Gay St

M. D.

~~Medical Attendant.~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Houser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City time

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} Cor of Caroll & Fielding

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Sore throat

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 21st 1877

{*Undertaker,* Michael Houser

{*Place of Business,*

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1977 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Leibheimer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Heidfurt — 36 years in U.S.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 243 Caton Avenue

Cause of Death, {First (Primary,) Cardiac troubles
Second (Immediate,) Dropsy

Duration of Last Sickness, 5 months —

All the above information should be furnished by the Physician.

Place of Burial, Eden St Congregation Cemetery

Date of Burial, Jany 21

Undertaker, M. Langrod

Place of Business, 81 Gough St

Abram B. Arnold, M. D.
Medical Attendant.

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Bergmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 11 *Months,* 12 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 112 S. Sharp St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Jan 22nd 1877

Undertaker, H. Eclar

Place of Business,

M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

No. 15775 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Reddish,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} U.S. Laundry Ft. Balto Md

Cause of Death, First (Primary,) Phthisis,

Second (Immediate.) Paralysis,

Duration of Last Sickness, Six months,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Comety Pikesville

Date of Burial, Jan 21st 1877

John Morris *M. D.*
Medical Attendant.

Undertaker, Vaughn & Co

Place of Business, 65 S Broadway *Address* No. 5, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Parker

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balte City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 17 Bruce St

Cause of Death, { First (Primary,) Second (Immediate,) } Surgical Nursing Marasmus

Duration of Last Sickness, all to life

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea

Date of Burial, Jany 21 1877

Undertaker, L. B. Cook

Place of Business, 11 E. Balto St

M. D.
Medical Attendant.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by — John H. Thomas uncle —

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15177

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mrs Margaret E. Pitcher

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy Five *Years,* *Months,* 2 — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annarundle Co

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 213 Bolton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 21st 1877

{*Undertaker,* John Thacher / *Place of Business,* No 150 Cander}

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

15778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Farmer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 67 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Black and Pump maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 7 E. L. Edmonds

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 22d 1877

Undertaker, M A Baird

Place of Business, 94 S Bond

P. F. Dunn M. D.
Medical Attendant.

Address 7 E. L. Edmonds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

15179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

Date of Death, Jan 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Billin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City / since Birth

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 43 South St

Cause of Death, {First (Primary,) Cyanosis / Second (Immediate,)}

Duration of Last Sickness, since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jany 20th 1877

Undertaker, M. A. Daiger

Place of Business, 714 S Broadway

James E Smith M. D.
Medical Attendant.

Address 211 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

No. 15780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1911 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20, 1911

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Laurencin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* — *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 North st No 128

Cause of Death, First (Primary,) Tuberculosis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, January 21 1911

Undertaker, Andrew Knell

Place of Business, 201 Columbia st

Address [illegible]

J. L. Kuhl *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1578/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inv. Butts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, ... Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md Spring - ni Asylum Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Prot. Instt Asylum

Cause of Death, {First (Primary,) Malnutrition

Second (Immediate,) 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 20

Undertaker, C W Shiggard

Place of Business, 201 Pen av

C. F. Brau M.D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R Aylsworth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 10 *Months,* 4 *Days.*

Color, *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co., Md.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No 390 E. Chase St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, About Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, Jan. 21st 1877

Undertaker, Wm. H. Eichman *Address* 214 N. Broadway

Place of Business, 234 N. Gay St.

H. H. White, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Hanson,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Age, 34 *Years,* *Months,* *Days.*

Color, Negro — *Sex,* Female —

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Chamber-maid —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.,

Duration of Residence in the City of Baltimore, 24 years —

Place of Death, {Give street and number.} 814 Pearl Alley —

Cause of Death, First (Primary,) Typhoid Pneumonia —

Second (Immediate,)

Duration of Last Sickness, 22 days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan'y 21/77

Undertaker, Stewart & Manny

Place of Business, 25 Park Ave

J. S. Ingle, M. D.
Medical Attendant.

Address 214 Saratoga st —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland County Virginia

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 5th Seldon St

Cause of Death, First (Primary,) Paralysis

Second (Immediate.)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 21 1877

Undertaker, [illegible]

Place of Business, No 11 Howard St *Address*

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141. Bleury St

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mary's Cemetery

Date of Burial, Jan 21 1877

Undertaker, [illegible]

Place of Business, [illegible]

Sherwood Coale M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Michael Millinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* twenty one *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 230 E. Case St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 230 E. Case St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Croup

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 21 1877

Undertaker, Henry Hoerle

Place of Business, 309 Central Ave

Milton A Taylor M. D.
Medical Attendant.

Address Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Cert No. 1578 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 20 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Gries

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* 14 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 19 Months & 14 days

Place of Death, {Give street and number.} 500, N, Gay St

Cause of Death, {First (Primary.) / Second (Immediate.)} Scarlet-Fever

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, January 22 1877

Undertaker, Henry Stock

Place of Business, 309 W. Centre St

Wm. E. Russell M. D.
Medical Attendant.

Address 1 Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 174 Bargainly Ct

Cause of Death, {First (Primary,) Cancer's 2 Breast 1 Back 1 Bowels
Second (Immediate,) exhaustion

Duration of Last Sickness, 19 Months

*All the above information should be furnished by the Physician.

Place of Burial, Western Ct

Date of Burial, January 22nd 1877 A. Abel Coltman M. D.
Medical Attendant.

{*Undertaker,* Armistead & Denny
{*Place of Business,* Montgomery & Light sts. *Address* 869 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

t No. 15189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schlote

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* 9 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Umbrella Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 190 Canton ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemty

Date of Burial, Jan 22 1877

Undertaker, G. Geade

Place of Business, E. Pratt St *Address* Commissioners of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information George Schlote Son

[OVER.]

Board of Health, City of Baltimore,

No. 15190 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. George Rhodes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 37 S. Bnt & E. Mount-Stat

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption of the Lungs -

Duration of Last Sickness, Abut one Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cem

Date of Burial, Jany 22d 1877

Undertaker, Jos. Loane

Place of Business, 568 West Balto

N. R. McClane M. D.
Medical Attendant.

Address 582 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15791 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Frances Kennedy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, { Give street and number. } 20 E. Patterson Park Ave.

Cause of Death, { First (Primary.) Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem D. G.

Date of Burial, Dec 22.

Undertaker, H. McGibney

Place of Business, 341 Canton Ave Address 270 Eastern Ave

C. E. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Halloran

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 273 Eastern Ave.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, A. Patrick Balto

Date of Burial, Jan 21st 77

Undertaker, L. M. France

Place of Business, No 280 Canton Ave.

J. W. Shane M.D.
Medical Attendant.

Address 68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and number.} No 300 Hamburg St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician

Place of Burial, [illegible] (Woodlawn)

Date of Burial Jan. 21st 1876

Undertaker, W. C. Perry

Place of Business, 448 W. Baltimore *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizbeth Richardson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Virginia

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 322 Hanover St

Cause of Death, {First (Primary.) / Second (Immediate,)} Puerperal Fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Jan 22d 1877

{*Undertaker,* Timothy Lemmy / *Place of Business,* 263 Light}

Freedom Coates M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 21 1877

CERTIFICATE OF DEATH.

Date of Death, Jan 19th "17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, ale life

Place of Death, {Give street and number.} 1 Fam Laurel St

Cause of Death, {First (Primary,) Cold} {Second (Immediate,) Bronchitis probably}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 21st 1877

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Edmund Ferretter M. D.
Medical Attendant.

Address corn. Mt P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th. January 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berthold Fachens.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Vegesack (Bremen) Germany 8 M years. 9 m

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Monument Street 473.

Cause of Death, {First (Primary,) Pneumonia Typhoid

Second (Immediate,) Paralysis Tuberculosis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, January 21 80.

Undertaker, Henderson Diffid

Place of Business, 1. Bond st 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 22 1877

CERTIFICATE OF DEATH.

Date of Death, January 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frank Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ten *Years,* two *Months,* twenty six *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 473 West Baltimore

Cause of Death, First (Primary,) Measles

Second (Immediate,) Laryngitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 22 d

Undertaker, Blackistone & Son

Place of Business, 606 W. Balto St. *Address*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas J Beaumont,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Seven *Years,* Five *Months,* Twelve *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County Md.

Duration of Residence in the City of Baltimore, one Month and 20 days

Place of Death, {Give street and number.} # 30 South Gilmore street

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 21st

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto St

J. G. Smithicum M. D.
Medical Attendant.

Address # 584 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 24 1877

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Madden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 21 1877

Undertaker, Jas D Byrne

Place of Business, No 63 h Grand St

Jas L. Corkery M. D.
Medical Attendant.

Address 188 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of John Shaw

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 128 Gee st.

Cause of Death, {First (Primary,) Thrush

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~W. Ebbs~~ W. Potters field

Date of Burial, Jan. 21st 1877

Undertaker, Wm. C. Perry

Place of Business, W. Pratt st

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 15201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willis Young.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6. Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number} 2 Lindsay Alley. Fourth Girl's

Cause of Death, First (Primary.) Convulsions

Second (Immediate.) Effusion.

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 21st 1877

Undertaker, Wm Isaac Gray

Place of Business, 65 Mulberry St

J. H. Smith M. D.
Medical Attendant.

Address 1 E Con. Pac & Fayette. Sts Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15202 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Frances Coates

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 2 *Months,* 18 *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 18 Vine St

Duration of Residence in the City of Baltimore, 2 Yrs 18 ds

Place of Death, { Give street and number. } 18 Vine St

Cause of Death, { First (Primary,) Whooping Cough (Chronic)
Second (Immediate,) ——— }

Duration of Last Sickness, 18 days (Chronic)

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 22d 1877

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Jno F. Gittings M. D.
Medical Attendant.

Address 247 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Louis Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 8 Eutaw St

Cause of Death, {First (Primary,) Consolation

{Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14th 1877

Undertaker, Wm H. Young

Place of Business, 110 104 Eutaw *Address* 154 N Eutaw St

J. E. Morrison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Stauffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 185 Columbia Aven

Cause of Death, {First (Primary,) Rubeola

Second (Immediate,) Acute Albuminuria

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 24 1877

Undertaker, And Knell

Place of Business, Columbia Av

D H Cooney M. D.
Medical Attendant.

Address 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Keim

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 25 years.

Place of Death, {Give street and number} 26 Union St.

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician

Place of Burial, St Pls

Date of Burial, Jun 22 1877

D. G. Keller *M. D.*
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, 317 Aisquith St *Address* 89 S. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5yrs *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 3 N Fremont St

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) Suffocation

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Rest Cem Geo. L. Brewer *M. D.*

Date of Burial, Jany 22 1877 Medical Attendant.

Undertaker, J. Keane *Address* 258 W Pratt St

Place of Business, 568 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 88 S Eutaw St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Throat symptoms

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 22nd 1877

Undertaker, Thos G Hoag

Place of Business, 10 E Eutaw

D Webster Cathell M. D.
Medical Attendant.

Address 11 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward R Bruce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} No 9 Ostenfeld Avenue

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 22nd 1877

Undertaker, Dan'l Byrne

Place of Business, 63 Front st *Address* High St

J. H. Griffith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday. January 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Infant Leopold Freeman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 South Green Street

Cause of Death, First (Primary,) Cong. malformation of abdomen, whereby contents

Second (Immediate,) of abdomen extended to front wall from the abdominal cavity through the front wall

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 23rd 1877

Undertaker, Leopold Freeman

Place of Business,

Mitchell M. D.
Medical Attendant.

Address 29 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1877 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Steltermann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, ... Months, 7 Days, 20

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} S. E. Cor. Holf & Marie Anne

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 22d Jany 1877

Undertaker, Wm Nicolas

Place of Business, Marie Anne st.

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsey Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent County Md

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} 23 Druid Hill Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemt

Date of Burial, June 23 1877

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Avenue

Geo L. Rice *M. D.*
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah Ann Hand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, {Give street and number.} 346 N Gay St.

Cause of Death, First (Primary,) Gastritis & Pulmonary disease.
Second (Immediate,) " Some Weakness

Duration of Last Sickness, Four week 3 days (28 d)

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 23rd/77

Undertaker, Geo. Schilling

Place of Business, Sign with & Monuments *Address* 53 N Paca St

W. H. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16213 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Thos. B. Denny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 605 S. Broadway

Cause of Death, {First (Primary,) Tetanus Infantum

{Second (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 22 1877

Undertaker, Hughes & Co

Place of Business, 605 S Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15214 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

Date of Death, Jan 21 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Schloss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 257 Saratoga St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oh[illegible] Shalom Cemetery

Date of Burial, January 22nd 1877

Undertaker, Wm Eilau

Place of Business, 101 Lough Str

Felix Martin M. D.
Medical Attendant.

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number.} Bedde St No 246

Cause of Death, First (Primary,) Disease Unk

Second (Immediate,)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemit

Date of Burial, January 22d 1877

O S Mahon M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, No 234 W Saratoga *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1521/2 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIEICATE OF DEATH.

Date of Death, January 22d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Heinkin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2. *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 8. Fletcher Extended

Cause of Death, {First (Primary,) Scarlet fever. Second (Immediate,)}

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 23rd 1877

{*Undertaker,* Andrew Leib

Place of Business, 118 Druid Hill Ave

G. W. Annis M. D.
Medical Attendant.

Address Cor. Fletcher & Eastman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Morgan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 188 Mannen

Cause of Death, First (Primary,) ———

Second (Immediate,) Gangrene of the ~~Chest~~ Face

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22 1877

Undertaker, J. W. Clark

Place of Business, Howard 5

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, — Months, 2 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 St Peter St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 23rd 1877

M. D.
Medical Attendant.

Undertaker, Andrew Krull

Place of Business, 206 Columbia St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Krah Midwife

[OVER]

...Physicians is respectfully invited to the Remarks below, also to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 20, *Months,* ... *Days.*

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and number.} 290, N Durham st

Cause of Death, {First (Primary,)} Diphtheria

{Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23rd 1877

Undertaker, H. Matthews.

Place of Business, N. St. No. 261

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway

Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 22d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Olevia Rodermayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto cor 11½ E. Monument St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *Richd Dorsey M. D.*

Date of Burial, Jan 24 1877 Medical Attendant.

Undertaker, Henry Shears

Place of Business, 45 N Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Wm. D. Lodge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long if the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 10 Years

Place of Death; {Give street and number.} 57 Lash St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) asthenia.

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 23rd 1877

Undertaker, John S. Weaver

Place of Business, 422 W. Fayette St

W. D. Lodge M. D.
Medical Attendant.

Address 201 Hanover St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James M. Johnson.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Coach Painter.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, For Life time

Place of Death, { Give street and number. } 9 N. Oregon St.

Cause of Death, First (Primary,) Brights Disease.

Second (Immediate,)

Duration of Last Sickness, About one Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'tery

Date of Burial, January 24th 1877

J. M. Mull M. D.
Medical Attendant.

{ *Undertaker,* John K. Weaver
{ *Place of Business,* # 22 W. Fayette St *Address* 845 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15243

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Susan Forrence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 393 S. Charles St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions (Spasm)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Jan 23 th

Undertaker, H Brick

Place of Business, Lemmetta H 81

D. D. Cliff *M. D.*
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 15224

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetta Busch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 10, *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 216. S. Chanty

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 23 1877

Undertaker, A.H. Perkins & Son

Place of Business, 16 Light St.

Theodore Costa *M. D.*
Medical Attendant.

Address 146. Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22th. January 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathy Ritter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Wolfe St. 123.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsiones.

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Fifth German Reformed Cemetery

Date of Burial, Jan 23d. 1877

Undertaker, Henry Bein

Place of Business, 159 Alice Anne St. Baltimore

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert M. Gregor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 205 N. Calvert St.

Cause of Death, First (Primary,) Inflammation of the Meninges of the brain.

Second (Immediate.) Exhaustion.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Dayton Ohio

Date of Burial, June 23 1877

Wm. Whitridge M. D.
Medical Attendant.

{*Undertaker,* John H. Medairy

{*Place of Business,* 422 W. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 662

[OVER.

Board of Health, City of Baltimore,

Permit No. 15227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Elizabeth Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 77 E. Register St

Cause of Death, {First (Primary.)} Scarlet Fever

{Second (Immediate.)} Acute Desquamative Nephritis

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Jan 26, at 4 P.M.

Undertaker, Mr Daiger

Place of Business, South B[illegible] at Chestnut Hill

James S. McShane M. D.
Medical Attendant.

Address 68 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Hirsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maternite

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot Dept. Asylum

Cause of Death, {First (Primary,) Second (Immediate,)} Mal-nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, Jan 21

Undertaker, C H Blizard

Place of Business, 21 Lexington

C. F. Brun M. D.
Medical Attendant.

Address 241 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 15229

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisie Newcomer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two (2) *Years,* ten (10) *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Mulberry St extended

Cause of Death, First (Primary,) ——

Second (Immediate,) Convulsions

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Western cm

Date of Burial, Jany 23.

Undertaker, C H Blizzard

Place of Business, 207 Allen av

J. C. Skinner M. D.
Medical Attendant.

Address 626 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adeline Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Baltimore Co

Duration of Residence in the City of Baltimore, Since 8 years old

Place of Death, {Give street and number.} Randall St near Fayette

Cause of Death, First (Primary,) Miscarriage

Second (Immediate.) Metritis + Peritonitis

Duration of Last Sickness, Two Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 24

Undertaker, J B Cook

Place of Business, 907 W St Baltimore *Address*

John Noll M. D.
Medical Attendant.
558 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Perkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 23 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rochester Co.

Duration of Residence in the City of Baltimore, Six months (about)

Place of Death, { Give street and number. } 7 Bayard Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23rd

Dr. E. Woodey M. D.
Medical Attendant.

Undertaker, Mr J Gray

Place of Business, 65 Mulberry St *Address* 167 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arabella Gustus Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, ~~Six~~ Light. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City.

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 11. Short St Balto city.

Cause of Death, First (Primary,) Convulsions from Teething.

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Jan 23 1877

Edwin W. Gordon M. D.
Medical Attendant.

Undertaker, Wm. H. Lange

Place of Business, 116 104 East St.

Address 166 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter H. J. Bumpf

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, ——— *Years,* 8, *Months,* 22, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 316 Sharp St

Cause of Death, First (Primary,) ——— Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 24th 1877

Sheridan Todd M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Lee Sts

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Price

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number.} Ca. Caroline & Biddle.

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) Pneumonia (Acute)

Duration of Last Sickness, Four or five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Rejn. Buckler M. D.

Date of Burial, Jan. 24th " 1877 Medical Attendant.

Undertaker, Wm. H. Hickman *Address* 135 N. Charles

Place of Business, 234 W. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly invited to the remarks below, and to List of Diseases on back of this Certifi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 5 *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married,* *Single,* *Widow* or~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} House on Belair Rd

Cause of Death, First (Primary,) Mouth & Throat Disease

Second (Immediate,) Tetanus, Prostration

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1877

Undertaker, C. Steele

Place of Business, E Pratt St

Supposed Cancer M. D.

Medical Attendant.

Address No 156 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Whitewashed house adjoining Blacksmith Shop

Board of Health, City of Baltimore,

[illegible] VITAL STATISTICS.

Permit No. 15236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Countee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Carlton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 23rd 1877

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lefevre W. P. Station [illegible]

...elow, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 15237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Fisher

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Labarer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Nine yea

Place of Death, {Give street and number.} 63 Welcome alley

Cause of Death, {First (Primary.) Consumption

{Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24th 1877

Undertaker, S. H. Clark

Place of Business, S. Howard St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
40 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 January 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 weeks ~~Months~~, ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore. 2 weeks

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary.) Marasmus

Second (Immediate,) Spasms

Duration of Last Sickness, 20 hours

All the above Information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Jany 24th 1877

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 15239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. E. & F. A. Elsbring Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* One & half *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 490 Lexington St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 24 Jany

Undertaker, Jos Egan

Place of Business,

J. C. Skinner M. D.
Medical Attendant.

Address 626 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Pinter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 113 N Central Avenue

Cause of Death, First (Primary,) Did not See the Case till few hours before death but from history was probably Measles

Second (Immediate,) Cynanche Tonsillaris

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, January 24th 77

Undertaker, Wm. H. Hickman

Place of Business, 1234 Gay st

Geo. W Reynolds M. D.
Medical Attendant.

Address 34 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Simms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 22 Eadenhall St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 28 1877

Undertaker, [illegible]

Place of Business, [illegible]

W. W. White, M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15242 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Lewis.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 3. Months, 11. Days.

Color, Color.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bank Alley. Nr Hanover.

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, January 23 1877

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

G. H. Innis M. D.
Medical Attendant.

Address Cor Hanover & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 15224 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 12 Stockholm St

Cause of Death, First (Primary,) Rachitis Atrophy

Second (Immediate,) Hearmia

Duration of Last Sickness, Has bee Sick for 6 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem Ld C Burial

Date of Burial, Jan 24th 1877

M. D.
Medical Attendant.

Undertaker, Valius Kochler *Address* 141 Hanover St

Place of Business, Cor Sharp x Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 15244 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizebeth Parker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 9 Douglas st

Cause of Death, {First (Primary,) Tubercular Consumption / Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 1877

Undertaker, H. McShane & Co

Place of Business, No 198 Howard

Wm. L. Purnell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Board of Health, City of Baltimore,

Permit No. 15245 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie L. Fell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Six (6) *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 139 Hamburg St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, Twenty One (21) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Thursday 25th 1877

Jno. T. Blake M. D.
Medical Attendant.

Undertaker, Andreas Knell

Place of Business. 206 Columbia St. Address 136 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Seymour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 211 Hamburg St

Cause of Death, {First (Primary,) Chronic (Pneumonia)} {Second (Immediate,)} 3 weeks

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24

{*Undertaker,* Hercules Long

Place of Business, 180 Pues St

C. B. Noble M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hazeltine V. Duckett,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 21 *Days.*

Color, White,

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number.} 191 Carroll Avenue,

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlating Malignia

Duration of Last Sickness, 48 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany. 24th 77

Undertaker, J. H. Weeks

Place of Business, ~~422 N. Fayette St~~ *Address* City

John L. Frazer *M. D.*
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd /77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Arthur Vincent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 94 S. Chapel St. Lane

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Methodist Ground

Date of Burial, Jan 24th 1877

Undertaker, Thos S Hughes

Place of Business, 60 E Pratt

C. Edward Miller M. D.
Medical Attendant.

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 29 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Chew & Ensor Sts

Cause of Death, { First (Primary,) Syphilis
Second (Immediate,) ...

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 24 Jan 2 Oclock P

{ *Undertaker,* Geo C Rodenmayer
Place of Business, 38 Ensor St

E Hall Rutledge M. D.
Medical Attendant.

Address 151 E Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15250 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 January 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel G. Hyde.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 61 *Years,* 9 *Months,* 25 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk Lt. Dept. Wash. D. C.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charlestown Mass.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 Fidler St

Cause of Death, First (Primary,) Chronic infl. of bladder

Second (Immediate,) Ulceration of bladder

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 25th Jan 1877

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Child of Charles Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five Days *Years,* — *Months,* — *Days.*

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} # 29 Greenmount Avenue,

Cause of Death, {First (Primary,) Cyanosis, Second (Immediate,) Convulsions,

Duration of Last Sickness, Three Hours.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial, January 24th 1877

Undertaker, Wm A Eichman

Place of Business, No 234 N Gay St

Wilmer Brinton, M. D.
Medical Attendant.

Address # 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, jan 23 rd. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia J. Wallace.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 5 *Years.* 9 *Months,* 2 *Days.*

Color, white *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57 Penna Av. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Penna Av.

Cause of Death, First (Primary,) Hemorrhagic Malignant Pustulation,

Second (Immediate,)

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Park Cemetery

Date of Burial, Jan 25th 1877

Undertaker, J. H. Cook

Place of Business, No 707 W Baltimore Street

H. K. Fetterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Five (5) *Months,* Eighteen (18) *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 101. Aisquith St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina, Anginosa

Duration of Last Sickness, Eighteen (18) Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26th 1877 Jno D Blake *M. D.*

Medical Attendant.

Undertaker, Jos Lorsch

Place of Business, 568 W Balto St *Address* 136, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15751

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23- 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Clifton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — 4 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 259 Hughes Street

Cause of Death, First (Primary.) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24th 77

Undertaker, Jacob Davis

Place of Business 103 Lee St

Levin L. Dyer *M. D.*
Medical Attendant.

Address 144 Hill Street
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin E. Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and number.} 74 Jefferson n

Cause of Death, First (Primary,) Measles

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cathedral

Date of Burial, Jan 24th 1877

Undertaker, Wm. H. Lange

Place of Business, 104 East St.

Wm. L. Rowe M. D.
Medical Attendant.

Address Broadway & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15256 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hurlberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 S. Exeter St

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Hebrew Cemetery

Date of Burial, January 25th

Undertaker, Wm Elam

Place of Business, 101 Gough St

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday January 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaretha Stallmeier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Prussia)

Duration of Residence in the City of Baltimore. 19 years

Place of Death, {Give street and number.} 911 Lancaster Street

Cause of Death, First (Primary,) Syncope daily

Second (Immediate,) Exhaustion

Duration of Last Sickness, (Intermittent)

All the above information should be furnished by the Physician.

Place of Burial, Hall Houses Cemetery

Date of Burial, January 25 1887

Undertaker, Henry Hoech

Place of Business, 314 Central Ave *Address* 19 South Sharp St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 15258 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23/877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Carr

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charleston S.C.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 36 Glenmore Alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis Pulm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Jan 24th 1877

Undertaker, James O Byrne

Place of Business, No 63 N Front St

A Gregg Herbert M. D.
Medical Attendant.

Address 11 South High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15259 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Jany 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Red

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} — Md

Duration of Residence in the City of Baltimore, 10 m

Place of Death, {Give street and number.} 30 Oxford St

Cause of Death, {First (Primary,) ... Scarlatina / Second (Immediate,)}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24th 1877

{*Undertaker,* Wm H Bishop Jr / *Place of Business,* 183 Druid Hill Av}

G L Tanyhill M.D.
Medical Attendant.

Address 129 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Father Jas H. Stanard (Mother) Charlotta Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 Mos 1 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Boy

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mas St Baltimore

Duration of Residence in the City of Baltimore, 5 Mos

Place of Death, { Give street and number. } Mas St Baltimore 117

Cause of Death, { First (Primary,) Second (Immediate.) } Spasms 3 hrs

Duration of Last Sickness, 3 hrs 1 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 25th

Undertaker, Jno. C. Soulé

Place of Business, 71 Balt St *Address* 10 & 11 Mas St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15261

HEALTH DEPARTMENT JAN 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Irene Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 393 S. Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26th

Undertaker, Henry Brill

Place of Business, Henrietta St 81

M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15263

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Madden Burk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 195 Orleans st

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, January 25th 1877

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

[illegible] *M. D.*
Medical Attendant.

Address 21 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15263 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 46 *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 120 Mosher Street Balt

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery G H Adams M. D.

Medical Attendant.

Date of Burial, January 25th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 15264 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately and* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 25. 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty four *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hotel Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} No 2 Shakespeare St.

Cause of Death, {First (Primary,) Gun Shot wound of brain

{Second (Immediate,) Hemorrhage

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26th 1877.

{*Undertaker,* Leonhard Kurz

{*Place of Business,* S. Broadstreet No 277.

W. E. Ireland M. D.
Medical Attendant.
Coroner E. D.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15265 — OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separated* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 26 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Janu 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Carter

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 13 Years. " Months, Days.

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} No 126 S. Bethel St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Acute

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 21 1877

Undertaker, John Wesley

Place of Business, 57 S. Wolf St

R. B. Mansfield M. D.
Medical Attendant.

Address 172 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,—

Permit No. 1521 66 — OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry E. Papp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M.

Age, 3 *Years,* 6 *Months,* *Days.*

Color, W. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 169 Aisquith St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Albuminuria

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 26, 1877.

Undertaker, Chas Rogers

Place of Business, 136 E. Payette *Address* 186 Aisquith St

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifi setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

oard of Health, City of Baltimore.

Permit No. 15267

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or final departure, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Powell Förster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 11 Harrison St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 5 Minutes = Have attended heretofore

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26th 1877

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

A. Leyh Sherbyer M. D.
Medical Attendant.

Address 11 South High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15218 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Blanche Stanton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 years 3 months

Place of Death, {Give street and number.} 8 Baker st

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,) Apnoea

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 25th 1877

{*Undertaker,* Jacob Weaver
Place of Business No 456 Druid Hill Ave

C W Cadden M. D.
Medical Attendant.

Address No 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H DEPA
25
1877
ALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 9 *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 Mths 9 days

Place of Death, {Give street and number.} 150 Chapel St

Cause of Death, { First (Primary,) Catarrh
Second (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1877

{ *Undertaker,* John W. Locke
Place of Business, 58 S. Wolf st *Address*

D. A. Sherrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore.

Permit No. 15270 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvina Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 15 Hunt St

Cause of Death, {First (Primary.) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetry

Date of Burial, Jan 25th 1877

{*Undertaker,* John W. Locks

{*Place of Business,* 57 S. Wolf St

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15271

HEALTH DEPT. JAN 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Salina Glover

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 16 *Days.*

Color, ____ *Sex,* ____

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 60 Rose St City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 60 Rose St

Cause of Death, First (Primary,) Pleuro Pneumonitis

Second (Immediate,) Congestion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, January 26th 1877

J Ephraim M. D.
Medical Attendant.

Undertaker, H M Gibmeyer

Place of Business, 341 Canton Ave. *Address* 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15272 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, jan 23/77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Martin Luther Hanser,

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 N. Fremont St,

Cause of Death, First (Primary,) Morbid Dentition,

Second (Immediate,) Hydrocephalus & Convulsions,

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 26th 1877

Undertaker, Adam Weidemeyer

Place of Business, 538 W. Baltimore St.

H. R. Fetterhoff M. D.
Medical Attendant.

Address 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15273

OFFICE OF REGISTRAR OF VITAL STATIS

HEALTH DEPA
1877
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Ann Appleby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} Whatcoat St. No 1

Cause of Death, {First (Primary,) Tubercular - Pulmonary Tuberculosis
Second (Immediate,) Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bohattan Baltimore

Date of Burial, Jan 26

{*Undertaker,* C H Blizzard
Place of Business, 281 Pen ave *Address* S. E. Cor Stricker St & Patterson Avenue

L. G. Sparrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15274 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Palmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty Five *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill, Md.

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} # 1 Planet Alley

Cause of Death, First (Primary,) Cardiac

Second (Immediate,)

Duration of Last Sickness, About eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 28 1877

Undertaker, A. K. Chase

Place of Business, No 192 Howard St

Benj. Whiteley M. D.
"
Medical Attendant.

Address "Balto. Genl. Dispy."

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 15275 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate. Declaration *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ged. C. Johnson.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 4. *Months,* ——— *Days.*

Color, White — ———

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pratt St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 577 Penna Ave.

Cause of Death, {First (Primary,) Pneumonia. / Second (Immediate,)}

Duration of Last Sickness, 3 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 26

Undertaker, Wm T. Hooper

Place of Business, 319 Pa ave

Geo. H. Annis. M. D.
Medical Attendant.

Address Cor Eutaw & Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15276 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wheatley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married,~~ Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Union Prot Asylum

Cause of Death, {First (Primary,) Cancer of Breast

{Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Louis Fawcett M. D.

Date of Burial, Jan 26 Medical Attendant.

Undertaker, J Holmes

Place of Business, 262 Fen Ave *Address* 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15277

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t
he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques
o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McGinnis.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 30 N. Front St.

Cause of Death, {First (Primary.) Second (Immediate,)} Un known.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 26th 1877

Undertaker, James O Byrne

Place of Business. No 63 N Front St *Address* 35 E. Baltimore St.

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15278

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Wilhelm Hermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hand mark

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxe Weimer, Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 84 Perkins st Balt

Cause of Death, First (Primary.) Dropsy

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26, 1877

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

Attended Entire time M. D.

Medical Attendant.

Address 562 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

...ard of Health, City of Baltimore,

Permit No. 15279 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Phillips

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 80 E. Spring st.

Cause of Death, {First (Primary.) Leukemia / Second (Immediate.)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Jan 25 1877

Undertaker, W C Watchman

Place of Business, 1918 Bond st

John F. Lemmonier M. D.
Medical Attendant.

Address 81 N. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 15280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Rost.

Sex, Male ~~or Female~~, {Cross on the word not required in this line.}

Age, Twenty Nine *Years,* *Months,* Twelve *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brewer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} Bel air avenue,

Cause of Death, {First (Primary,) Inflammation of the Bowels.
Second (Immediate,) Eight days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto. Cem.

Date of Burial, Jan 28th 1877

Undertaker, Geo. Schilling

Place of Business, Cor. Bammunes & Aisquith

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Charles Millin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 Millin St

Cause of Death, {First (Primary.) —
Second (Immediate,) Meningitis

Duration of Last Sickness, 25 Days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27th Jany 1877

Undertaker, Wm. Fry

Place of Business, Fayette & Broadway

E. B. Gross M. D.
Medical Attendant.

Address 137 Cuba St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 15282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday May 25th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Smith Bradleton

Sex, ~~Male or~~ Female { Cross out the word not required in this line. }

Age, Thirty Years, Months, Twenty Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 12 W. Madison Street

Cause of Death, { First (Primary,) ~~Second (Immediate)~~ } Acute Pneumatic - Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 27th

Undertaker, Geo Wellence

Place of Business, 206 Forest st

Riggin Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15283 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25/77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Horzy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Pine St.

Cause of Death, First (Primary,) Contusion.

Second (Immediate,) Paralysis of the Brain.

Duration of Last Sickness, 2½ days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26th 1877 H. Rietterhoff M. D.

Medical Attendant.

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 182814 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvina Hawkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 13 Thomas

Cause of Death, {First (Primary,) ... Pulmonary Consumption / Second (Immediate,)}

Duration of Last Sickness, 5 years

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 27 1877

Undertaker, John H. Lodtz

Place of Business, Wolf St

Wm L Russell M. D.
Medical Attendant.

Address Broadway 7 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if re to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 25. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of John L. Grape

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 minutes *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Female res. Balto. City.

Duration of Residence in the City of Baltimore, 5 minutes

Place of Death, {Give street and number.} Female res. Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature birth, caused by Expulsion of uterine membranes & uterus of mother.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, January 26th '77 A. Hartman M. D.

Date of Burial, Green Mount Medical Attendant.

Undertaker, Chas. W. Hickman *Address* 305 W. Lanvale St.

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Julius J. Blumenberg

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* 9 *Months,* 9 *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} #158 W. Fayette St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Pericarditis.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Garden park Cemetery

Date of Burial, January 26th 1877

{ *Undertaker,* William. Cain

{ *Place of Business,* 101. Gough. St,

H. W. Bruns M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Caroline E. Keine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Nine *Years,* Four *Months,* One day *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 521 E. Lombard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 27. 1877

{*Undertaker,* Williams Foley / *Place of Business,* Broadway}

Wm H. Glendinning, *M. D.*
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Heaty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* one *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann St East Gaza St

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 461 E Gaza St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Duration of Physical Condition three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, 27 of January

Undertaker, Adam Fink

Place of Business, 461 E. Gay St

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

Permit No. 15289 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Father~~ Daniel Hallen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 34 Morris al.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Hemorrhage Umbilicus

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel County.

Date of Burial, Jany. 26 1877

Undertaker, Wm H. Bishop Jr

Place of Business, 103 Druid Hill Ave.

Dr Claude Bartley M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 15291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Fischer,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 578 St. Peter St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Cancer of Uterus.

Duration of Last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Ebt Aburt

Date of Burial, Jan. 28th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

R. J. N. Tall M.D.
Medical Attendant.

Address 158 N. Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15291 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPT. JAN 26 1897 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday January 25th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Priller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 215 East Chase Street

Cause of Death, First (Primary,) Chronic Arthritis

Second (Immediate,) Peritonitis & Phthisis

Duration of Last Sickness, Ten (10) Days.

All the above information should be furnished by the Physician.

Place of Burial, Halethorpe Cemetery

Date of Burial, Jan 27th

Undertaker, Henry Koch

Place of Business, No 309 Canal Street, *Address* 309 S. Chapel St

H. Selvage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15292 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Pickle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 3 *Months,* 15 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Mulliken St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Acute Bronc

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26th 1877

Undertaker, Robert H. Lunch

Place of Business, 70 W. Lexington St.

Edward P. McDevitt M. D.
Medical Attendant.

Address 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15293

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPT. MENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Lalzig.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 26 Year

Place of Death, {Give street and number.} 20 Bradford Al.

Cause of Death, First (Primary,) Paralasis

Second (Immediate.) Exhaustion.

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Alhorsus Cemetery

Date of Burial, Jan 27th 2. P.M

Ch. Geo. H. Tucker, M. D.
Medical Attendant.

Undertaker, L. Pitz

Place of Business, 129½ S. Broadway *Address* 128 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT...

Permit No. 15294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25. 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Finnegan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 4 Little Constitution St.

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 27th - 77

Silas M. Hunter M.D.
Medical Attendant.

{ *Undertaker,* M. J. Byrne
{ *Place of Business,* Front St. Near Low

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15295 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Elizabeth Riley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} S.E. Cor Lanvale & East Sts

Cause of Death, {First (Primary,) Rheumatism / Second (Immediate.) Paralysis

Duration of Last Sickness, 17 months

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jan 27

Undertaker, [illegible]

Place of Business, 175 E Lanvale

Charles F. H. Burnz—M. D.
Medical Attendant.

Address 185 E. Monument St near Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 15296

OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} William Monroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 391 E Eager St

Cause of Death, {First (Primary.) Pulmonis Vesicarium / Second (Immediate,)}

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Wilmington, Del.

Date of Burial, January 27th 1877

Undertaker, Chas. E. Lockman

Place of Business, 234 E. Gay St.

D. Webster Cathell M. D.
Medical Attendant.

Address 14 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcribed to 65

[OVER.]

...Health, City of Baltimore.

Permit No. 15297

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mills

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 296 S. Dallas Street.

Cause of Death, {First (Primary,) Laryngeal Phthisis

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician

Place of Burial, Balto County

Date of Burial, January 29. 1877

Undertaker,

Place of Business. 222 N. Broadway

Chas. L. Kluber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Smead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bermuda Island

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 673 N Lexington st

Cause of Death, First (Primary,) Placenta Praevia

Second (Immediate,) Shock & Hamorrhage

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Balto County Thomas Opie M. D.

Date of Burial, 28th Jan 77 Medical Attendant.

Undertaker, Hy W. Smith & Son *Address* 396 N. Fayette St

Place of Business, 16 Light St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15299 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th Friday

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} un-named - (Alexander Y. Russell name of Father)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 hours old ~~Years~~, ~~Months~~, ~~Days.~~

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, x x x

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, x x x

Place of Death, {Give street and number.} No 405 Eutaw Place

Cause of Death, {First (Primary,) " Cyanosis "
{Second (Immediate,)

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Reggie Buckler M. D.

Date of Burial, January 27th " 1877 Medical Attendant.

Undertaker, John B. Weaver

Place of Business, #22 W. Fayette St *Address* 13 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15311 0

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes C. Howell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S.E. Corner Madison st & Park Avenue

Cause of Death, First (Primary,) Bright's disease of Kidneys

Second (Immediate,) " " "

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cemetery

Date of Burial, Monday Jan 29. 77

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Th Gadsby Lynn

Place of Business, 41 Hanover St

Address No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15301 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Watkins,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 12 Months, Days.

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 135 Lynn St.

Cause of Death, First (Primary,) Measles

Second (Immediate,) Bronchitis

Duration of Last Sickness, Nine or ten months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 27th 1877

W H Thompson M. D.
Medical Attendant.

{*Undertaker,* Wm James Gray
{*Place of Business,* 65 Mulberry St Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15302

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas Humphries

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Four *Years,* Six *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the wor ls not required in this line.}

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 155 York Street

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, Lowe Cemetery

Date of Burial, Jan 29 1877

Undertaker, J D W Chase

Place of Business, No 198 Howard St

J. B. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill Street Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 15303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th December 6, o, clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Ellen Armstrong

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two (2) *Years,* Three (3) *Months,* Seventeen 17, *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bruce St, Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 28 Dawson Alley

Cause of Death, First (Primary,) Catarrh, general

Second (Immediate,) Convulsions

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 30 1877

Undertaker, H E Mclease

Place of Business, No 196 Howard st

Wm H. Alderdice, M. D.,
Medical Attendant.

Address No. 15 N. Henry St.
& 82 S. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Health, City of Baltimore.

Permit No. 15304

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Miller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 2 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 14 N. Chapel st.

Cause of Death, {First (Primary,) Burns

Second (Immediate,) convulsions,

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 27th "77

Undertaker, Michael Frame

Place of Business, No 280 Canton Ave

Chas. F. Grove M. D.
Medical Attendant.

Address 270 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 15305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately fill... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if re... so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE PRESENT
JAN 27 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Foster

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Dress maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Trinadad

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 202 E. Dallas St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 29th Jan 1877

Undertaker, Th. Locke

Place of Business, E. Wolf St

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15304

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Peterkin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 68 St Paul

Cause of Death, {First, (Primary,) Bright's Dis / Second (Immediate.)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 29th 1877

{*Undertaker,* John S. Weaver / *Place of Business,* #22 W. Fayette St

Thos. J. Mumford M. D.
Medical Attendant.

Address 59 Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15317

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27/77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas B. Allard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, Fifty-eight years.

Place of Death, {Give street and number.} 508 Franklin st.

Cause of Death, First (Primary,) Typhoid Fever. (Cerebral, or Nervous type.)

Second (Immediate,) Collapse.

Duration of Last Sickness, Nine weeks & two days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 29th/77

Wm. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Geo. Schilling,

Place of Business, Pine & Monument Sts Address 77 George st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15308 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE
21
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 116 Raborg

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Five "month

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Jany 28th /77

Undertaker, Jno Whilling

Place of Business, 162 Penna Ave

Thomas O'Sullivan M. D.
Medical Attendant.

Address 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15309

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if r so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cunningham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 10 Creighton st.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, 28 January 10 Oclock

Undertaker, George. C. Rodeman

Place of Business, 38 Exeter St. *Address* 76 E. Eager st

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15310

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* ut, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease coner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

ate of Death, 27th January 1877

ll Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lobe R Smith

x, Male or Female, { Cross out the word not required in this line. }

ge, 67 *Years,* ——— *Months,* ——— *Days.*

olor, White *Sex,* Male

arried, Single, Widow or Widower, { Cross out the words not required in this line. } Single

ccupation,

irthplace, { State or country (and how long in the United States, if of foreign birth. } N. C.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 495 W. Fayette St

Cause of Death, { First (Primary,) Septicemia — Abscess of Brain, Second (Immediate.) 15 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Burlington N.J.

Date of Burial, Jany 28th

{ *Undertaker,* Hughes & Co.
{ *Place of Business,* No 550 W. Fayette St.

G. H. Jones M. D.
Medical Attendant.

Address 1w 535 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 66

[OVER.

Board of Health, City of Baltimore,

Permit No. 15311

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos E Bateman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Life Wales

Place of Death, {Give street and number.} Hillen & High Sts

Cause of Death, First (Primary,) Disease of the Heart

Second (Immediate,) DO

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Dublen Harford Co Md

Date of Burial, Jan 29 1877

Undertaker, Samuel Byrne

Place of Business, No 63 N Gay

Richd Sappington M. D.
Medical Attendant.

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 15312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if r to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Stone Culbertson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 16 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 40 Lee St

Cause of Death, {First (Primary.) Measles. Second (Immediate,) Convulsion

Duration of Last Sickness, 16 Day

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, 28 Jan 1877

Undertaker, E. H. Blizzard

Place of Business, Penn Ave

Geo H. Denson *M. D.*
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST.

Permit No. 15313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday January 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cathrine Mahoney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 80 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} Harris Alley Canton

Cause of Death, First (Primary,) Paralysis & Hemeplalegia

Second (Immediate,) Paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cimt

Date of Burial, Jan 28th

J E Pinchard M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av. *Address* 428 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 15311

OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accura... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Elizabeth Semmerville

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Eden St about west of 215 N Eden St

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Hemorrhage Lungs

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1877

Undertaker, Wm H Dange

Place of Business, 410 East St

E Goldthalls *M. D.*
Medical Attendant.

Address 181 E Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I L

Board of Health, City of Baltimore,

Permit No. 15315

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Lennan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* 25 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 27 Howard St.

Cause of Death, First (Primary,) Paralysis Hemiplegia left side.

Second (Immediate,) Suddenness of Heart

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th 1877

E Thay *M. D.*
Medical Attendant.

Undertaker, W. H. St. Lawrence

Place of Business, 104 East St. *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S • A F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 15,216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Crawford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} 7 Wilmer Court

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1877

Undertaker, Wm A Lange

Place of Business, No 104 East St

John McLean M. D.
Medical Attendant.

Address 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K

Board of Health, City of Baltimore,

Permit No. 1531 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick A. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 388 William

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bal-Cemetery

Date of Burial, December 29th 1877

Undertaker, Charles F. Wenck

Place of Business, 161 Hanover Stad

Sheridan Leeke M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15,318 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Bauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N W Cor Monument & Chester Sts

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphaxiation

Duration of Last Sickness, 10 Days —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Jan 29/77

John A Schultz M. D.
Medical Attendant.

Undertaker, Chas Ramsey

Place of Business, 136 E Fayette. *Address* N E Cor Eutaw & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 15319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*[rately filled] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deced[ent], sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peter Hoose
Euneigonde Hoose

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 9 *Months,* [illegible] *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer Hoop Carber.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Father Europe

Duration of Residence in the City of Baltimore, 23 years Born ?

Place of Death, {Give street and number.} 256 E. Pratt St Bell 256. 256

Cause of Death, {First (Primary,) Asthma.
Second (Immediate,)

Duration of Last Sickness, Martin Fah Dr. M.

All the above information should be furnished by the Physician.

Place of Burial, Schlegels Cemetery. S. Road X 75

Date of Burial, January 29" 1877 M. D.

Medical Attendant.

Undertaker, M A Zaiger *Address* No 98 S. Bond St

Place of Business, 94 S Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore

Permit No. 15320 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Todd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Type Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 58 N. Dallas St.

Cause of Death, First (Primary,) Inflamation of the stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 29th 1877

Undertaker, William Fry

Place of Business, Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address 16 E. Eldery & N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

532

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, ac
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gilbert Bond

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number. } 134 E Monument

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 30th 77

{ *Undertaker,* Geo. Schilling
Place of Business, Leigh & Monument sts } *Address* 256 N. Eden st

F. A. Warner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15322 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi..., *accu... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death o... said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Labender

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 11 *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 39 years

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 1 State Street

Cause of Death, {First (Primary.) old age —
Second (Immediate.) Asthma

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 30th 1877

James A. Steuart M.D.

{*Undertaker,* Geo Saffran
Place of Business, Penn. Ave} *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Joseph Labender his Son

[OVER.]

Permit No. 15323 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Jan 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCurley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 87 N Amity st

Cause of Death, {First (Primary,) / Second (Immediate,)} Burned by accident.

Duration of Last Sickness, died at once.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 29 1877

Undertaker, Peter Kramer

Place of Business, 317 Hallecy

Geo C Gle Coroner *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15321

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie F. Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wisconsin

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 18 Jackson Square

Cause of Death, First (Primary,) ——

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 30th 1877

Wm. J. Cockrill M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* " 23 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 15325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* t the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if o to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E. Little

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 196 Druid Hill Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Western cem.

Date of Burial, Jan 29th

Undertaker, C. H. Blizard

Place of Business, 201. Penn ave

D. G. Keller *M. D.*
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15326 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Frederic Fischer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 1 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 184 Lee Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Empoysoning of the blood.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 30th 1877

Undertaker, Christian Weber

Place of Business, 362 Hanover Street

Henry Salzer M. D.
Medical Attendant.

Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 1532 7 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Anna Lloyd

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 125 Conway St

Cause of Death, {First (Primary,) Congestion Lungs / Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 29th 1877

Undertaker, John L Mackie

Place of Business, No 150 Camden *Address*

O S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15328

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Hicks.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, Seventy six Years, ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 161 West Lombard St.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, Jan 30th 1877

Undertaker, J. N. Mücket.

Place of Business, 159 Camden St.

Wm Rodes M. D.

Medical Attendant.

Address 163 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 15329 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulrika Esther Ireland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* [illegible] *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 86 N Howard St

Cause of Death, {First (Primary.) Scarlet Fever; Second (Immediate.) Acute Albuminuria}

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 29th 1877

Undertaker, John Thacher

Place of Business, No 150 Camden

J H Emmy *M. D.*
Medical Attendant.

Address 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1530 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane M. Sandine

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ___ *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 137 Enson St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 29 Jan 36 block 1

{*Undertaker,* George G Redemayer / *Place of Business,* 38 Enson St}

E Hall Rucker M. D.
Medical Attendant.

Address 15 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ty of Baltimore,

Permit No. 15331

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 55 Centre Market Space

Cause of Death, First (Primary.) Convulsions

Second (Immediate,) Fell out from fore play (Jury Verdict)

Duration of Last Sickness, ...

This was substituted for one made out Nov. 6th 76

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 30th 1877

Undertaker, Henry Hoeck

Place of Business, Central Ave

Emm Wheeler M. D.

~~Medical Attendant.~~

Address Coroner in 1 D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15332

...Office of Registrar of Vital Statis...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ty. McKenna

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 12 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} South Dallas 51

Cause of Death, {First (Primary,) Teething / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Jan. 27

Undertaker, John H. Locke

Place of Business, 2 N. Milford

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18333 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rogers

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 73 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~

Occupation, Pump Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 46 Pine st

Cause of Death, First (Primary,) Blow from a fall on head

Second (Immediate,) Effusion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 30th

Undertaker, H. Lowe

Place of Business, 567 W Balto *Address*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15391

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

Date of Death, January 27. 8 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Jessing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germani

Duration of Residence in the City of Baltimore, Twenty 2 years.

Place of Death, {Give street and number.} No 3 Schmidts Street

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis of the heart for a month

Sick 2 Sixteen

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 29th 1877

Undertaker, Church & Co

Place of Business, 364 Penna ave.

Jno. L. Fiker, M. D.

Medical Attendant.

Address 77 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 75335 — OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

Date of Death, Saturday 27 January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Longhini

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Chester & Bank St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Catarrhal Fever

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, January 29th 1877

Undertaker, H. A. Gilmeyer

Place of Business, 311 Canton Ave.

James E. Donnelle M. D.
Medical Attendant.

Address 2996 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15336 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

Date of Death, January 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Emrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 10 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 14 Poultney st

Cause of Death, {First (Primary,) Softening Brain & Spinal Cor

{Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 30

Undertaker, H Brill

Place of Business, Monroe 81

O. A. Cook M. D.
Medical Attendant.

Address Cor. Lee & Hanover sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 1537 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

Date of Death, Jan. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Plummer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} No. 127 S. Schroeder St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever 9 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, January 30.

Undertaker, Hamilton Diffel

Place of Business, S. Bond St 151

Address [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15338 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

Date of Death, January 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Monroe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* ~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md, Franklin Depot

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 209 S. Washington St.

Cause of Death, First (Primary,) Scarlatina - followed by Nephritis &

Second (Immediate,) Oedema of Lungs.

Duration of Last Sickness, Twenty five days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Philadelphia Mem.

Date of Burial, 29 January

Undertaker, Franklin Depot

Place of Business, S. Bond St 151

John S. Lynch M. D.
Medical Attendant.

Address 54 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15339

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jennie C Davidson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 9 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 237 N. Eden St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Asthenia

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st/77

Undertaker, Geo Schilling

Place of Business, Light & Monument St *Address*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 15340 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 29 1877

HEALTH DEPARTMENT BALTIMORE JAN 29 1877

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Drury Richards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Twenty One *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 107 S. Broadway

Cause of Death, {First (Primary,) ... Second (Immediate,) Inflammation of the Bowels

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 31st 1877

Undertaker, John Thacher

Place of Business, No 160 Caroline Address 139 S. Broadway

Wm H. Cleudinen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 15311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Years, Ten Months, Days.

Color, Col'd.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Sus Sex County Virginia

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No. 202, York Street

Cause of Death, {First (Primary,) Exhaustion and Paralysis / Second (Immediate,) Exhaustion Congestion

Duration of Last Sickness, Five Minutes

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1877

Undertaker, J. McCrose

Place of Business, 478 Howard St

J. D. Iglehart M. D.
Medical Attendant

Address No 146 Hill Street Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15342

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

Date of Death, 28th Jan 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Aldridge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washer Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No 6 Tiffermans Court

Cause of Death, {First (Primary.) Intemperance.

Second (Immediate.) do not know as she was found lying on the floor dead.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th 1877

{*Undertaker,* Wm J Gray

Place of Business, 65 Mulberry St

Geo C Ogle Coroner. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16343

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Perry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 26 Booth st

Cause of Death, {First (Primary,) Intemperance / Second (Immediate,) Apoplexy}

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Jan 30th 1877

Undertaker, J B Cook

Place of Business No 707 W Baltimore Street

Geo C Gatchell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 668

[OVER.]

Permit No. 53111

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 29 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Ellen Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Louisa Virginia

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 811 Lombard St - 39

Cause of Death, First (Primary,) Cerebral Malaria

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 30th 1877

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

...M. D.

Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 15345

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Daniel Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 Yrs. 21 Days

Place of Death, {Give street and number.} 440 S. Eutaw St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan. 30th 1877

{*Undertaker,* S. D. Cook / *Place of Business,* 70 W. Balto. St}

J. G. Littlejohn *M. D.*
Medical Attendant.

Address 440 W. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15346 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 96 Tyson street

Cause of Death, {First (Primary,) Hemorrhage Umbelical

Second (Immediate,) one Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 30 1877

Undertaker, W. H. Dunn

Place of Business, East St

James A Stuart M. D.

Medical Attendant.

Address Commr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lee Johnson Shot St

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 15347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Handy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty three *Years,* one *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 St Paul's Street No 183

Cause of Death, {First (Primary,) Typhoid

{Second (Immediate.)

Duration of Last Sickness, forty five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 30th 1877

{*Undertaker,* Jacob Wagner

{*Place of Business,* Druid Hill Ave *Address*

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15348 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL ... DEPARTMENT
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Heinrich Schreiber

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 m *Months,* — *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 173 N. Bethel st.

Cause of Death, {First (Primary,) Pneumonia, double

{Second (Immediate,)

Duration of Last Sickness, about 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 29 1877

C. A. Kreuter *M. D.*
Medical Attendant.

Undertaker, H. Schultheis

Place of Business, E. Monument Pl Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 15349

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Lynn

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, *Years,* 3 *Months,* 16 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 170 Druid Hill Ave

Cause of Death, { First (Primary,) Meadly

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetary

Date of Burial, Jan 30th 1877

Undertaker, Andrew Leitz

Place of Business, 116 Druid Hill Ave

H. C. Winslow M. D.
Medical Attendant.

Address 23 McCulloh St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Guarnetta B Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 6 *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 202 N Howard

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 30th 77

Undertaker, J. H. N. Troll

Place of Business, 90 S. Howard St

D Gilmore M. D.
Medical Attendant.

Address Jer 203 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

No. 15357 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, four *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 255 S. Durham st

Cause of Death, {First (Primary,) Scarlet fever / Second (Immediate,) Hydrocephalus and Dropsy

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician

Place of Burial, Backmans Cemetary

Date of Burial, January 31

Undertaker, W C Watchman

Place of Business. 1915 Bond st

L C Mukerut M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

5352

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Deichmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 336 S Bond

Cause of Death, {First (Primary.) / Second (Immediate.)} dont know, I have never seen, or attended the child

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Carolina St. Cemetery

Date of Burial, Jan 31st 1877

Undertaker, Parnell

Place of Business, ———

L. C. Nuttermann M.D.
Medical Attendant.

Address 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 15355

HEALTH DEPARTMENT
1877
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 January 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ludwick B. Hurst

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 *Years,* 11 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bierigen. Württemberg. Germanie

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 72 Perry St. Balt:

Cause of Death, { First (Primary,) Cancer of Cyclonus. Second (Immediate,)

Duration of Last Sickness, uncertain.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Glape. *M. D.*

Date of Burial, 31st of Jan. Medical Attendant.

Undertaker, Ph. Ennald

Place of Business, 35 E. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 189 E Pratt

Cause of Death, First (Primary,) Cerebral Fever (Meningeal)

Second (Immediate,) ———

Duration of Last Sickness, 10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 31 1877

Undertaker, M A Ranger

Place of Business, 94 S B'way

J Pinkney Anre *M. D.*
Medical Attendant.

Address 12 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 15355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Ramsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 14 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 Friend St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 11 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 31, 1877

Undertaker, W. A. Daigle

Place of Business, 114 S. Bond

J. H. Hoen M. D.
Medical Attendant.

Address 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15351 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPART... 30 1877 ...LTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bergman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 28 N. Poppleton

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 10 Jan

Undertaker, P. Kaufmann

Place of Business, 317 Walnut St. *Address* 315 N. Eutaw St.

G. Mackenzie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...wn of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Dyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Ninety *Years,* " *Months,* " *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queens Anne Co Maryland

Duration of Residence in the City of Baltimore, Seventeen months

Place of Death, { Give street and number. } 34 Welcome alley

Cause of Death, { First (Primary,) Bright's Kidney Disease
Second (Immediate.)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1877

Undertaker, D. H. Chase

Place of Business, 16 & 18 Howard St

Jno F. Brown M. D.
Medical Attendant.

Address 257 Montgomery St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Certificate of Death, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md —

Duration of Residence in the City of Baltimore, 16 yrs?

Place of Death, {Give street and number.} 37 Oxford St

Cause of Death, {First (Primary,) Tumor of uterus & ovaries, 28 yrs

Second (Immediate,) 3 months

I never saw her before
+ I was working next door
about her

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30 1877

Undertaker, J. Holcase

Place of Business, 161 Howard St

R. Winslow, M. D.
Medical Attendant.

Address 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

5359

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Smith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 62 S. Chappell st.

Cause of Death, {First (Primary,) Second (Immediate,)} Change of life

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimitery.

Date of Burial, January 31st 1877

Undertaker, H. A. Gilmeyer

Place of Business, 341 Canton Av.

P. L. Quinn M.D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

Permit No. 15360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judy Kirby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Sixty-three *Years,* Five *Months,* Twenty-nine — *Days.*

Color, White *Sex,* —

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Limerick - Ireland (Twenty-seven years in the U.S.)

Duration of Residence in the City of Baltimore, Twenty-Seven years —

Place of Death, {Give street and number.} 702 W Pratt St —

Cause of Death, First (Primary,) Senility

Second (Immediate,) Asthenia —

Duration of Last Sickness, Failing for 12 or 18 mos —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 31st 1877

C. C. McDowell M. D.
Medical Attendant.

Undertaker, J H Cook

Place of Business, No 707 W Baltimore Street *Address* 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 7536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. C. Bias

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} Woodstown Road, Western Ward

Cause of Death, {First (Primary.) Heart Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1877

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

D. W. Morris M. D.
Medical Attendant.

Address Cor Preston and Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15362

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Eutaw st

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronchitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 31st

Undertaker, Geo. Cook

Place of Business, 107 W. Baltimore

C. L. Buckler M. D.
Medical Attendant.

Address 116 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15363 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29 January 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 ~~Months~~, weeks, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 7 days

Place of Death, {Give street and number.} St Vincents Nursery Lombard ~~Congenital Syphilis~~

Cause of Death, First (Primary,) Congenital syphilis

Second (Immediate,) Asthenia

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 31. 1877

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jany 29 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ... Eliza Mahan

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 23 *Years,* ... *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about Three ...

Place of Death, {Give street and number.} No 137 Lombard ...

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness, About 3 years

All the above Information should be furnished by the Physician

Place of Burial, Loudenstown (Md)

Date of Burial, Jan 31st 1877

Undertaker, Jos H Byrne

Place of Business, 20 N Eutaw St

... M. D.
Medical Attendant.

Address 20 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan, 29th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie C. Baumeister

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 12 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md,

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and number.} # 218 Alice Anna St,

Cause of Death, {First (Primary,) Hy pertrophy of Heart

Second (Immediate.) accompanied by valvular disease following Rheumatism

Duration of Last Sickness, March 23, 1876 to Jan 29, 1877

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem. John D Rehburg M. D.

Date of Burial, Jan 31st 1877 Medical Attendant.

Undertaker, Michael Barry *Address* 2443 Alice Anna St,

Place of Business, 280 Canton Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Soulé

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} No. 5. N. Population

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate.) " "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, ~~December~~ January 31, 1877

Undertaker, Hughes & Co.

Place of Business, 65 South Broadway & 550 West Fayette St.

Thomas Opie M. D.
Medical Attendant.

Address 396 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

Permit No. 1537 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Braun

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 — *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Always Life

Place of Death, {Give street and number.} 74. Mann Ave

Cause of Death, First (Primary,) Scarlet Fever —

Second (Immediate,) Malignant Scarlet Fever —

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Jan 31 1877

Undertaker, Henning & Co.

Place of Business, 386 Orleans St.

H A Wohlmuth M. D.
Medical Attendant.

Address 86. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29 30th of Jan. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Henry Fein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 0 *Months,* 0 *Days.*

Color, Whit *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Scientific Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bernardt Burand

Duration of Residence in the City of Baltimore, twenty five Years

Place of Death, {Give street and number.} 26th & Loudon st

Cause of Death, First (Primary,) Brain congestion

Second (Immediate.) Apoplexy

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Jany 31, 1877

Undertaker, W A Danger

Place of Business, 74 S Bond *Address*

W W Hilderman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loran R. Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Three *Months,* Twenty nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 84 Collington Ave.

Cause of Death, First (Primary,) Gastrites

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, January 31 1877

{*Undertaker,* M A Dauger

Place of Business, 41 E Biddle *Address*

D. Calvert Ireland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 15370

OFFICE OF REGISTRAR OF VITAL STATIS[TICS], City of Baltimore

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Sarah Sims (Twins)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Josephine St

Cause of Death, {First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Jan 31st 1877

Undertaker, S. W. Chase

Place of Business, S. Eutaw St

James H. Stewart M.D.

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Clancy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Colrid

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 28 Wagon Alley

Cause of Death, {First (Primary.) Membranous Croup / Second (Immediate.)}

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 1st

David H Johnston M. D.
Medical Attendant.

{*Undertaker,* J H. Cook / *Place of Business,* 707. W Baltimore St.}

Address 437 W Fayette St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janry 29 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss E. Graham

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty Eight *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 83 Division St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician

Place of Burial, Baltimore cem

Date of Burial, 31st of Jan

Undertaker, C. H. Blizzard

Place of Business, 201. Penn ave

Thomas S Keene M. D.
Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora Robbins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Co^r Gilmer & Preston ave

Cause of Death, {First (Primary.) Second (Immediate.)} Mal- Nutrition Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 31st Jan

Undertaker, G H Blizzard

Place of Business, 201 Penn ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

Permit No. 15374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie Florie Abell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 340 Madison Ave

Cause of Death, {First (Primary,) Scarlet Fever.
Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 31st Jany 1877

F. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, H. W. Jenkins, Jun

Place of Business, 10 Light St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Bureau of Health, City of Baltimore,

Permit No. 15375 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

Date of Death, Jan. 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mahaley Jemima King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 13 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore. Six months

Place of Death, {Give street and number.} Hotel cor. Fayette & Hollidays st.

Cause of Death, First (Primary,) Tonsilitis

Second (Immediate,) Blood poisoning

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Co Md

Date of Burial, 1st Feb 30 J Balt & Ohio R.R

E Troy Jones *M. D.*
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 E on Lex *Address* 67 E Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 669

[OVER

Board of Health, City of Baltimore,

Permit No. 15376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Hollin

Sex, Male or Female, {Cross out the word not required in this line.} male.

Age, 28 *Years,* ——— *Months.* ——— *Days.*

Color, Copper *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single.

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore. About ten years

Place of Death, {Give street and number.} No 128 N. Eden St.

Cause of Death, First (Primary,) Strangulated Hernia.

Second (Immediate,) Intestinal Inflammation

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 31 1877

Undertaker, Wm H Burgee

Place of Business, No 104 East st Address No 75 N. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edw Webb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. all life

Place of Death, {Give street and number.} 16 Forest St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, asbury Evergreen

Date of Burial, jan 30 1877

Undertaker, Wm A Dungle

Place of Business. No 104 east st

Geo. H. Warren *M. D.* Medical Attendant.

Address 15. Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15378

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Ray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 65 S. Bethel

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Chronic Croup 65 S. Bethel

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, Three days Saw it once

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 1

Undertaker, Mendelin Tippit

Place of Business, 51 Bond St

James E Donnell *M. D.*
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Townsend

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Child *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baker St near Penna Ave

Cause of Death, First (Primary,) Measles

Second (Immediate,) Capilary Bronchitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feby 1st 1877

Undertaker, Chenoweth & Co.

Place of Business, 364 Pa Ave

Chas E Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

Date of Death, January 29th 7. p.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Eckhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* 0 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Finksburg Baltimor Coty Md.

Duration of Residence in the City of Baltimore, two Years.

Place of Death, {Give street and number.} 167 E. Pratt.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina

Duration of Last Sickness, Twelf hours.

All the above Information should be furnished by the Physician.

Place of Burial, Druidhill Cemetry

Date of Burial, Jan 31. 1877

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

John L. Elser. M. D.

Medical Attendant.

Address 77 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore.

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 18381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

Date of Death, Jan 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McGinley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pittsburg Pa

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 9 North Market Space

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, Jan 31st 1877

Undertaker, Jas P. Byrne

Place of Business, Front St

James A Steuart M. D.
Medical Examiner

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. M. Thompson 9 Centre Market Space

[OVER.]

Permit No. 15382

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Mary Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* *Months,* ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Nr. 10 E. Biddle St. Baltimore

Duration of Residence in the City of Baltimore, Three years & ten days

Place of Death, {Give street and number.} Nr. 10 E. Biddle St. Balto.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 1 Feb

Undertaker, Adam Fink

Place of Business, Gay St

J. Clark Slade *M. D.*
Medical Attendant.

Address 521 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* 17 *Days.*

Color, Colored *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore. Whole life

Place of Death, {Give street and number.} No 45 Calhoun alley

Cause of Death, First (Primary,) / Second (Immediate,) Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 31st 1877

Undertaker, John M Locke

Place of Business, 69 S. Wolf st *Address* 32 E. Broadway

W. R. Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimor...

Permit No. 15384 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Brunson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 180 Bond St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Jan 31st 1877

{*Undertaker,* John H. Locke / *Place of Business,* 57 S. Wolf St} *Address* 2 Hall Place

W. S. Roth *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15385

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Blake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 17 E Cambridge St

Cause of Death, {First (Primary.) ... Second (Immediate,)} Anasarca

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 31st 1877

Undertaker, John W. Locke

Place of Business, 55 S. Wolf St

M. D.
Medical Attendant.

Address 274 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benj. Walter Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 8 *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 168 Mulliken St.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate.)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Public ground

Date of Burial, Jan 31. 1877

Undertaker, John Meeks

Place of Business, 27 Wells St

Francis F Sauer *M. D.*

Medical Attendant.

Address S. E. Jefferson & Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

...Health, City of Baltimore,

Permit No. 15387 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Gitterdings

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Braunschweich

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} Dugans Marshall 10.

Cause of Death, First (Primary,) Phthisis Pulmonales.

Second (Immediate,) Haemoptysis

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan. 31st

John A Schulte M. D.
Medical Attendant.

Undertaker, Chas Hollanders & Sons

Place of Business, 22 N. Pratt St. *Address* N E Cor Lough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1877 BALTIMORE.

Date of Death, January 31 - 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore. 38 years

Place of Death, {Give street and number.} 4 Widmer St

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Feb 2nd 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

D. G. Keller M. D.,
Medical Attendant.

Address 84 & Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1877 BALTIMORE

Date of Death, April 30 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis W. Jones

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 13 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 178 Bayless St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 219 Montgomery St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) ———

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, May 1st 1877

{*Undertaker,* Smith & Sons
Place of Business, 263 Light St

Geo. H. Bonsal M. D.
Medical Attendant.

Address 44 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore

Permit No. 15390

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 st. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Manuel + Karen

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.} 28 year Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Yarmouth Nova Scotia

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 68 E. Broadway

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Edmondson Avenue Cemetery

Date of Burial, Jan 24th

Undertaker, M Langford

Place of Business, 81 Wright St

James E. Donnelly M. D.
Medical Attendant.

Address 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1539 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Pritchet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Orchard St.

Cause of Death, First (Primary,) Measles.

Second (Immediate.) Dentition

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1st 1877

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, Wm. Jones, Jr.

Place of Business, 65 Hanover St *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Braun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2. *Years,* 2. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 9. Hanover St.

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Diptheria

Duration of Last Sickness, 6. 7 days.

All the above information should be furnished by the Physician

Place of Burial, Malaga New Jersey

Date of Burial, February 2 1890 Theodore Cook M. D.
Medical Attendant.

Undertaker, Charles F. Harold

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transmitted to 70

[OVER.]

Board of Health, City of Baltimore

Permit No. 15393

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matt Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Arch St

Cause of Death, {First (Primary,) Consumption — Second (Immediate,)}

Duration of Last Sickness, about 3 months —

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 2d of Feb

Undertaker, P. Wimmert

Place of Business, 317 Winthrop St

Felix Jenkins — M. D.
Medical Attendant.

Address 9 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie A. Kramp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 75 & Pacca St

Cause of Death, {First (Primary.) / Second (Immediate.)} Anaemia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Com.

Date of Burial, Feb 3rd

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw St

M. M. Carnes. *M. D.*
Medical Attendant.

Address 76 & Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

Permit No. 15395 — OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth B Kribs

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 72 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 W Centre St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, February 2nd

Undertaker, H. A. Daiger

Place of Business, 454 S Broadway *Address* 189 N Howard St

R. M. Sherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Samuel M Johnson by deputy

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. G. Broadbent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 years *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dry Goods Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 72. N. Charles Street

Cause of Death, First (Primary,) Malignant Nervous Excitement

Second (Immediate,) Effusion Upon the Brain

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 3rd 1877

W. H. C. Hilton Jr M. D.
Medical Attendant.

Undertaker, H. H. Dukins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 15397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Rickert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 20 Months, ——— Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and number.} Cor 7th & Hillen Sts

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) ———

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ch

Date of Burial, Feb 3 1877

E. Jenkins M. D.
Medical Attendant.

Undertaker, Henry Brack

Place of Business, 189 N. Eutaw St Address 189 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15398

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline W^m Henry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} No. 2 Mott St

Cause of Death, {First (Primary.) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Feb. 3rd

Geo. W. Wayson M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Virginia & Monument Sts *Address* 18 Saint Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 8399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 2
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Brayden

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 7 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 9 Months & 7 days

Place of Death, { Give street and number. } 231 E. Madison st

Cause of Death, { First (Primary.) Acute Bronchitis / Second (Immediate.) Congestion Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, February 3 1877

{ *Undertaker,* Chas P Sevier / *Place of Business,* 271 E Eutaw st

Wm. L. Stuart M. D.
Medical Attendant.

Address 1 Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15400

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Sabitia

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York, Italy

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 91 Shaw St

Cause of Death, First (Primary,) Typho Pneumonia

Second (Immediate.) Typhoid

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 14th

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw St

Address 129 Shaw St

Wm D. Gill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hechner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} 1 Brownie Lane no number

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, F. 6 3 1877

Undertaker, J P Starkey

Place of Business, 1616 Fund Ave

Jno. G. Hoelzday M. D.
Medical Attendant.

Address Carroll P.O.
Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18402 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Polk (Polk)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} Par. Amity & Sarratoga

Cause of Death, {First (Primary,) Rubeola

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns County J. E. Hitch

Date of Burial, Feb 3 *M. D.*

Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 E Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15203 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ____ *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 44 Fawn St

Cause of Death, First (Primary,) Chronic alcoholism

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3rd/77

Undertaker, Geo. Schilling

Place of Business, Virginia & Monument Sts

Abram B Arnold M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 152404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FILED
3
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Boos

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 Years, *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Maryland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 263 Mcdonough st

Cause of Death, {First (Primary.) Chronic Bronchitis
Second (Immediate,) Heart Disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Asbury E. Cemetery

Date of Burial, Feb 3rd 1877

Undertaker, William St. Lucas

Place of Business, No 104 East st

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15705 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

Date of Death, Feb 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ghost St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage Umbilical

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Feb 4 1877

Undertaker, W. N. Burke

Place of Business, East St

James Sloan M. D.
Attending Physician.

Address Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lea Johnson Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Virginia Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 George Ct.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, February 4 1877

J. H. C. Cuddy. M. D.
Medical Attendant.

Undertaker, Chas F Deiven

Place of Business, 271 Eutaw St. *Address* 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

Date of Death, February 2nd 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Kuday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give street and number.} 267 Aisquith St.

Cause of Death, First (Primary,) General debility

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, St Pats Cemetery

Date of Burial, 3rd at 12 Oclock PM

Undertaker, Geo C Rodenmayer

Place of Business, 38 Exeter St

Jno Brooke Boyle *M. D.*
Medical Attendant.

Address 164 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna R. Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 112 Jefferson St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 4th 1877

Undertaker, Armstrong & Baker

Place of Business, Montgomery *Address* 137 Aisquith St

Dr. Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Joshua Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 Battery av.

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 4

Undertaker, Armstrong & Dent

Place of Business, No 263 Light st

R. C. Lee M.D.
Medical Attendant.

N. W. cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Raphael Wenastedt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Seven Weeks *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Weeks

Place of Death, {Give street and number.} 51 Hadley Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Diphtheria

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Febuary 4th 1877

{*Undertaker,* Joseph Byrnes / *Place of Business,* Liberty St.

Address 71 Franklin Street

H. P. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James L. Harvey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two *Years,* 4 *Months,* *Days.*

Color, Dark brown *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and number. } No 1 Clayton's Row

Cause of Death, First (Primary,) Ulceration of Throat

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Gallitzen Chapel

Date of Burial, Feb 4 1877

Undertaker, John C. Gadon

Place of Business, No 13 Park Ave

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

Date of Death, Feby 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 2 *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 30 Register St

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate,)

Duration of Last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Saltimore Cemetery

Date of Burial, February 4th 1877

{*Undertaker,* Wendell Hopp & Co. Address 32 & Broadway
Place of Business, 161 South Bond St

A. K. Hay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kitzinger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 E Pratt St

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Bury

Date of Burial, Feb 4 1877

Undertaker, Chas Rossing

Place of Business, 140 E Fayette

Address Commrs of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Kitzinger Father

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Murphy

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 124 Enson st

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 4th 1877

{ *Undertaker,* James P Byrne

{ *Place of Business,* No 63 W Front St

E Hall Pullen Jr M. D.
Medical Attendant.

Address 157 E Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine G. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 191 Raborg

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, Two days "

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feby 4

Thos Opie M. D.

Medical Attendant.

Undertaker, Lowe

Place of Business, Eutaw & Fayette Streets

Address 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

Permit No. 18716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie F. Sullivan

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, dft

Place of Death, { Give street and number. } 5 Hanover Ex

Cause of Death, { First (Primary,) } Scarlet Fever

{ Second (Immediate,) } Nephritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Feb 4 1877

Undertaker, James O Byrne

Place of Business, No 63 S Hanover St

Chas O Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ann Chase

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 2 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 11 ½ Long Dock

Cause of Death, {First (Primary,) Col'd

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Feb 5th 1877

Undertaker, C Shelbert

Place of Business, Pratt St

Address Commrs of Health

M. D.

Medical Attendant.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Margaret Ann Shields Friend

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Helena Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two Years, Seven Months, Fifteen Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 330 Aisquith St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 4th 1877

Undertaker, Jacob Weaver.

Place of Business, No 496 Druid Hill Ave

H. Hadley Hartman M. D.
Medical Attendant.

Address 1305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nineteen *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 2 G. Hamburg St

Cause of Death, {First (Primary.) Phthisis Hereditary. Second (Immediate,) Hydrothorax et Convulsion.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, Feb 3 '77

Undertaker, [illegible]

Place of Business, [illegible]

L. L. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill Street Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah. d. Frank & Sind Parents

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 17 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 Josephine St

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,) Inanition

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 3d 1877

Undertaker, S. H. Chase

Place of Business, Eutaw St

Address Commrs of Health

M. D.

Medical Attendant

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Carney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* 2 *Months,* 13 *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 51 Dover St

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 11th 1877

Undertaker, Saml H Chase

Place of Business, Eutaw St

Address Commiss of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

FETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 8
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baker-Street (City)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Madison Ave - near

Cause of Death, { First (Primary,) Second (Immediate.)

Duration of Last Sickness, 12- days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, ~~from~~ Feby 4th 1877

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 476 Druid Hill Avenue

Henry J. Houck M. D.
Medical Attendant.

Address Cor Carey & Treatman Streets (City)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 3 1877 BALTIMORE

Date of Death, February 3rd. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Hammer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 91 S. Bond

Cause of Death, {First (Primary,) Pulmonary Hemorrhage / Second (Immediate,)}

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, February 4

{*Undertaker,* Gordon & Appel / *Place of Business,* 1 Bond St 151}

Lewis E. Smith *M. D.*
Medical Attendant.

Address 229 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 181 Linden Ave

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Pulmonalis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 3d 1877

Edmund R Walker *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Booker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Prince George Co:

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 91 Edmondson Ave

Cause of Death, {First (Primary.) Phthisis in Pulmonalis,
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, February 4th 1877

Z. Willitt Embry M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John McFaul

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 87 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, None —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland 30 yrs —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 328 N. Howard

Cause of Death, { First (Primary,) } age 87

{ Second (Immediate,) } Impetigo 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedl Cemetery

Date of Burial, Feb 5th 1877

{ *Undertaker,* Joseph F Byrne

{ *Place of Business,* 59 N Liberty St

Phil. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Williams Jeff Doll

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Seven *Months,* June *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 588 N. Baltimore Street

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4th 1877

{ *Undertaker,* John S Mackey
{ *Place of Business,* No 150 Camden

Chas. H. Jeff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
3
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 5 days.

Place of Death, {Give street and number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, When received

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Jan 5. 1877

Undertaker, Saml Brown

Place of Business, 56 Division St.

Mabury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 3
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ~~*Months*~~, 2/ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (immediate,) Spasms

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Feb 5-1877

Undertaker Saml Bowen

Place of Business, 152 Division St.

Mathew Brown M. D.
Medical Attendant.

Address 211 N. Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Potts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Piano Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Atlantic [illegible] Virginia

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number.} 238 Conway St.

Cause of Death, First (Primary,) Cancer of the liver

Second (Immediate,) Exhaustion.

Duration of Last Sickness, about 10 weeks Confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1877

Undertaker, H. W. Jenkins

Place of Business, Light St

Oscar J. Gallery M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 3
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 22 yrs

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} 638 W. Pratt St

Cause of Death, First (Primary,) old age

Second (Immediate,) Senile decay

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 4th 1877

Undertaker, I. B Cook

Place of Business, Balto St

James A Steuart M. D.
Medical Attendant

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Martin Jones

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 3 *Years,* 1 *Months,* 15 *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, A fe time

Place of Death, { Give street and number. } 176 Dedand St

Cause of Death, { First (Primary,) Bronchitis
Second (Immediate.) Acute Pneumonitis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 4th 1877

Undertaker, J Davis

Place of Business, 103 Lee Street

A. M. Colburn M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 5 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bradley

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 18 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of Death, {First (Primary.)} Typhoid Fever

{Second (Immediate.)}

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cem't

Date of Burial, Feb 4 1877

Edw'd F. Mitchell M. D.
Medical Attendant.

Undertaker, I. B. Cook

Place of Business, W. Baltimore *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15213 f

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3th Febr. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 Years, 3 Months, 3 Days.

Color, white.

Married, Single, Widow or Widower, {Cross out the word is not required in this line} Taylor

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 349 Eager st.

Cause of Death, {First (Primary,) Phthisis. Second (Immediate,)

Duration of Last Sickness, ab 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, February 5th 1877

Undertaker, Henry Woeck

Place of Business, 3 & H. Central Av. *Address* 27 Virginia st.

(Illegible) M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Roth.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* 4 *Months,* *Days.*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Melzungen Germany.

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give street and number.} N° 42 Myrtle St

Cause of Death, {First (Primary,) Congestive Chill. Second (Immediate,) " of the brain.

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park.

Date of Burial, Feb. 4th 1877.

Undertaker, Peter Rummert.

Place of Business, N° 317 Mulberry St.

L. C. Horn M. D.
Medical Attendant.

Address N° 226. Mulberry St.
Per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

Date of Death, Feb. 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kearney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Mulliken & Bethel St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb. 4th '77

James L. Kane M. D.
Medical Attendant.

Undertaker, Mrch. France

Place of Business, No 280 Eastern Ave

Address 62 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d - 1877 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Robertson -

Sex, Male or Female, {Cross out the word not required in this line.} Female -

Age, 73 *Years,* - *Months,* - *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow -

Occupation, Widow -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland -

Duration of Residence in the City of Baltimore, 40 years -

Place of Death, {Give street and number.} 164 E. Fayette St. -

Cause of Death, {First (Primary,) Pneumonia -

{Second (Immediate,) Purulent Infiltration -

Duration of Last Sickness, 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 5th 2 P M

Undertaker, Reh'd Hall

Place of Business, 233 E. Balto

H. C. Johnson. - *M. D.*
Medical Attendant.

Address 86 E. Fayette, Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1877 BALTIMORE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3d, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Ricklaer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* ——— *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Columbia Av.

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis, 12 months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetry

Date of Burial, Feb. 5th 1877

Undertaker, Adam Heidemeyer

Place of Business, 518½ W. Baltimore St.

R. J. N. Tall M. D.
Medical Attendant.

Address 158, E. Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE.

HEALTH DEPARTMENT FEB 4 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3th. February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Müller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City during lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Central Ave No 9.

Cause of Death, {First (Primary,) Second (Immediate,)} Croup 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Family Cemetery

Date of Burial, Feb. 5th 1877.

Undertaker, Chas. Rosenus

Place of Business, 136. E. Fayette

William Hand M. D.
Medical Attendant.

Address S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 157440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1877 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1877 BALTIMORE.

Date of Death, Feb 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane A Horton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seadey

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Newbury N. Y.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 106 Pine St

Cause of Death, {First (Primary,) Acute Tuberculosis

Second (Immediate,) 6 hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 5th 1877

{*Undertaker,* John Slacher

Place of Business, No 150 Camden st,

A H Currie M. D.
Medical Attendant.

Address 76 Pine st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE

HEALTH DEPARTMENT FEB 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Zelenka

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Yr *Years,* ~~Mos~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 221 N. Bethel St.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb 4th 1877

Thomas L. Duthie M. D.
Medical Attendant.

Undertaker, H Hohler

Place of Business, 241 E Lombard St *Address* 247 N. Bradford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1.st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B M Dennis of John

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 72 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Rock St.

Cause of Death, {First (Primary,) Supposed old age
Second (Immediate.) Heart Disease ?

Duration of Last Sickness, death sudden (died before my visit)

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Feb 4 th 10

{*Undertaker,* G H. Blizzard
Place of Business, 204 Pima-ave-

Thomas Opie M. D.
Medical Attendant.

Address 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimnte children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

Date of Death, ~~Feb~~ Dec 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ____ *Days.*

Color, Black (mulatto)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore. Entire life time

Place of Death, {Give street and number.} 83 Watson st

Cause of Death, {First (Primary.) Accidently Scolded about Head and Chest
Second (Immediate.)

Duration of Last Sickness, fifteen hours after accident death ensued.

All the above information should be furnished by the Physician

Place of Burial, Forest Cemetery

Date of Burial, January 4

Undertaker, Mt Calvary Cemetery

Place of Business, 1.00 Fayette st

D. Webster Bathall M. D.
Medical Attendant.

Address 174 E Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE FEB 4 1877

Permit No. 1821/14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dominic Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, ell *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Waters Court

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Uraemia

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 4th 1877

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St

J B B Browne M. D.
Medical Attendant.

Address 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thurston H. Vaughan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Five years

Place of Death, {Give street and number.} 57 N. Exeter St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 8th 1877

C. W. Coyner M. D.
Medical Attendant.

Undertaker, Henry W. Wears

Place of Business, 45 N Eutaw St

Address. 57 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella A. Jordan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 40 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 99 Saquiste St.

Cause of Death, {First (Primary.) Pulmonary tuberculosis / Second (Immediate,)}

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Feb 7th 1877

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

P. G. Dunn *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15447

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 3d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry S. Haslup.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 5 *Years,* 1 *Months,* ____ *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Govanstown Balt. Co.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number.} 266 Edgevale St.

Cause of Death, {First (Primary,) Scarletina.

{Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 6th 1877

{*Undertaker,* Murphy & Co

{*Place of Business,* 850 Fayette St

Jno. F. Powell. M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 152148

ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Death, 1877 Feb 4 3

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. & Emma V. Bennett Parents

~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years.~~ ~~Months.~~ 2 3/4 hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ramsey St 162

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ramsey St 162

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Horatio N. Shultz M. D.
Medical Attendant.

Date of Burial, July 4

Undertaker, J B Cook

Place of Business, 707 west Baltimore St *Address* No 11. S. Arlington ave Elk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Haskell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 490 Canton Ave,

Cause of Death, {First (Primary,) Nephritis. Second (Immediate,) Dropsy.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th 1877

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

James E. Shaw M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 22. Fountain St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 6th 1877

Undertaker, H. M Gilmeyer

Place of Business, 341 Canton Ave.

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hanrahan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132 W. Pratt St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 11th 1877

Undertaker, I. B. Cook

Place of Business, Balto St

James A Steuart M. D.
Medical Attendant.

Address Commrs of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rosenberger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Bricklayer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria (Germany)

Duration of Residence in the City of Baltimore, twenty two years

Place of Death, { Give street and number. } 236 E. Eager St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Dropsical Effusion from Exhaustion

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St Aphonsus Cemetery

Date of Burial, Feb 6. 1877

J. H. Grimes M. D.
Medical Attendant.

Undertaker, Henry Stouk

Place of Business, 69 Central Ave *Address* 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18253 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phronie Elizabeth Meads

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} No 1 Bolton St

Cause of Death, {First (Primary,) Malignant Scalatina

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5th 77

Undertaker, John T. Hartzell

Place of Business, 1319½ Pa Ave

W W Ashman M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thos Henry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Balto

Place of Death, {Give street and number.} 14 Waters Middle St

Cause of Death, {First (Primary,) Congl Infarction

{Second (Immediate,) Inanition

Duration of Last Sickness, 10 days without Nourishment

All the above information should be furnished by the Physician.

Place of Burial, N. Prot Cemetery

Date of Burial, Feb 5th 1877

Undertaker, M. & C. Peters

Place of Business, Pratt St

James A Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Henry Father [OVER.]

...ATTENTION IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15715 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52. *Years,* 11. *Months,* 26. 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, City Detective

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 207. Columbia St

Cause of Death, {First (Primary,) Obstruction of the Ureters Common Gallstones

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem^y

Date of Burial, Feb 5th 1877

Medford Leeke M. D.
Medical Attendant.

Undertaker, Jos Loane

Place of Business, 568 West Balto St *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 *Years,* ____ *Months.* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 339 Penna Ave

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem F

Date of Burial, Feb 5th 1877

N S Bonnie M. D.
Medical Attendant.

{ *Undertaker,* Jos H Byrne
{ *Place of Business,* 519 Liberty St *Address* Northwestern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18745 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Francis Brazan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 613 W. Pratt St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Coma

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Gorsuch Park

Date of Burial, February 5th/77

{*Undertaker,* Ehrenwerth & Co.

{*Place of Business,* 364 Pratt

A. M. Colburn M. D.
Medical Attendant.

Address 869 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1877 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Callahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Limerick, Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} Addison st No 19

Cause of Death, First (Primary,) Cirhosis of Liver

Second (Immediate.) Effusion into Pericardium

Duration of Last Sickness, five days month.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery. N. L. Keirle M. D.

Date of Burial, Feb 5th 1877 Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 N Front st *Address* Vis-Phys: Balto: Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Fletcher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Rope Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 448 Light St.

Cause of Death, First (Primary,) old age

Second (Immediate,) Heart disease

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sunday 5th

Undertaker, Mrs. Evans

Place of Business, Hanover St

R. C. Lee M. D.

~~Medical Attendant~~ Coroner

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15760.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Howard Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Warren St.

Cause of Death, {First (Primary.) Teething

Second (Immediate,) Dysentery

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet cem.

Date of Burial, Feb. 6 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

R. C. Lee M.D.
Medical Attendant.

Address Hanover Bare St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Coulter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 119 N Eden St

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Asthenia

Duration of Last Sickness, Six or Eight months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P. R

Date of Burial, Feb 6th 1877

D. W. Cathell M. D.
Medical Attendant.

{*Undertaker,* Wilkes First
Place of Business, Broadway

Address 1½ E. Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd '77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elizabeth Ringgold

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 95 Jasper St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Enemia Nascentium

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Feby 5th 1877

{*Undertaker,* M. A. Bishop Jr

Place of Business, 103 Druid Hill Ave.

D. A. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1977 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4 the 11 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Rosenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27. *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Storkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} 139 E. Lombard Str.

Cause of Death, First (Primary,)

Second (Immediate,) Hard Disease

Duration of Last Sickness, one monthes

All the above information should be furnished by the Physician.

Place of Burial, Fels Point Hebrew Cem. John J Ziter. M. D.

Date of Burial, Febr 6 in 77 Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address* 77 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

Date of Death, Feb. 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily B. Bermenger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 Hallins

Cause of Death, First (Primary,) Congestion Bronchitis

Second (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Chd Sholam

Date of Burial, Feb 5th 77

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Wm Brauns Allen M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

Date of Death, Feby 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Countee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 53 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 230 Montgomery St

Cause of Death, {First (Primary,) Subjected to Spasms / Second (Immediate,) Spasms / Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Feb 4 th

{*Undertaker,* H H & C Berry / *Place of Business,* 448 W Balto st

R. C. Lee M. D.
Medical Examiner
N. W. Co. Coroner
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas Corliss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 99 N. Register St

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,) Dropsy

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Feb. 5th 1877

Undertaker, M. A. Daiger

Place of Business, 8. Broadway

James C. H. Shaw M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

Date of Death, Feb. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* 3 *Days.* Three

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, General Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give street and number.} N. E. Cor. Gough & Spring Sts.

Cause of Death, {First (Primary.)} Pneumonia

{Second (Immediate.)} Paralysis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Feb. 6th

Undertaker, Mr. Fenby

Place of Business, No. 35 Bank

James E. Shaw M. D.
Medical Attendant.

Address 81 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15718 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

Date of Death, Feb. 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Ramsauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 Years, Months, 2 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 8 y.

Place of Death, {Give street and number.} No. 132 S. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, County Cemetery

Date of Burial, 6 February 1877

{*Undertaker,* / *Place of Business,* } Wm. E. Ortwein / 45 Aliceanna St.

Address 9 [illegible] Wood St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18469

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Kate Kusmier Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Hare St

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 6, 1877

Undertaker, John C. Schluch

Place of Business, Aliceanna St.

James A Steuart M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Schluch

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 10 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, in U. S. 45 years

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 16 Walsh St near Lafayette Market

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 6th 1877

J. B. Christian M. D.
Medical Attendant.

Undertaker, L. L. Chadwick

Place of Business, Penn Ave Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

Date of Death, Feb 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora M Ridout

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Six *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 172 Johnson st

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Calvert Co Md

Date of Burial, Feb 9 77

Undertaker, Armstrong & Dorsey

Place of Business, No 262 Light st *Address* 57 S Sharp st City

W. W. Batchelor *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Burial 672

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Weinschman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 443 Cross St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 6th

Undertaker, H Brill

Place of Business, Horrida St 81

L. C. Buck M. D.
Medical Attendant.

Address 1111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie Gerlach

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Three *Years,* Years *Months,* Five *Days.*

Color, *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 53. Bloom St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Ablaze, Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Feb 6th

{*Undertaker,* H Brill

Place of Business, Hennetta 91 81

B. W. Hearne *M. D.*
Medical Attendant.

Address 111 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter D. Lecompte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 131 . Columbia st

Cause of Death, {First (Primary.) Croup (Membranous)

{Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 6th

Undertaker, Wm J. Jackson

Place of Business, 65 S. Eutaw

J. W. Webster M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 y *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 2.3 years

Place of Death, {Give street and number.} 374 Sharpe St.

Cause of Death, First (Primary,) asthma

Second (Immediate,) dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfons Cemetry

Date of Burial, Feb 6th

Undertaker, H Brill

Place of Business, Bennetta St 81

H Hebbes M. D.
Medical Attendant.

Address 95 S Sharpe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ses on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Hitchens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Seven *Years,* Nine *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore. Five years

Place of Death, {Give street and number.} No 166 Hoffman St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Uraemic Convulsions

Duration of Last Sickness, Sixteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Whitfield Winsey *M. D.*

Date of Burial, Feb 6th 1877 Medical Attendant.

Undertaker, W. H. Bishop

Place of Business, 103 Druid Hill Ave *Address* 1216 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Anton Ellert

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 6. N. Durham st.

Cause of Death, {First (Primary,) Deformity

Second (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 6th 1877

Undertaker, H. Köhler

Place of Business, 244 E. Lombard st

D. G. Dulany M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Thos Boyer Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* half hour ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ferry Bar - (at Bridge)

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, Feb 5 1877

James H Chew M. D.
Medical Attendant

Undertaker, C. H. Boyer

Place of Business,

Address Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Chas H. Boyer Father

[OVER.]

... to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Keller

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 120 N Holland St

Cause of Death, First (Primary,) .....

Second (Immediate,) Congestion of lungs

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 6/77

Undertaker, Chas C Pressey

Place of Business, 136 E Lafayette *Address*

Dr A Hiffenstine *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1525/80 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th of February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Uhl

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* ..... *Days.*

Color, Wh.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N. Chesterfield

Cause of Death, First (Primary,) Dysteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Feb. 6. 1877

Undertaker, Ch. Koenig

Place of Business, 136 E. Fayette

J. Hatton M. D.
Medical Attendant.

Address 2 W Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5/77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte H Hoey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Pine St.

Cause of Death, First (Primary,) Exudation,

Second (Immediate,) Suffocation from swelling in throat

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 6th 77

Undertaker, Andrew Leity

Place of Business, 118 Druid Hill Ave *Address* 77 George St.

H. R. Fetterhoff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th Feb. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Rebecca Stoft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* — *Months,* — *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} no. 2 N. Washington

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. E. P. Sons M. D.

Date of Burial, Tuesday Feb 6. 10. a m

Medical Attendant.

Undertaker, Reid Hall

Place of Business, 232. E Balto *Address* 406 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION ... PARTICULARLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15783 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blanche Cole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} 156 N. Eden St

Cause of Death, {First (Primary,) ... Second (Immediate,) Pneumonia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 8

Undertaker, Geo W Spence

Place of Business, 206 Forest *Address* 137 Eden St

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Downs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 180 Raborg St

Cause of Death, {First (Primary.) Premature Birth

Second (Immediate.) Asthenia

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1877

Undertaker, W. N. Dungle

Place of Business, East St

Thos A Scott M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Rachel Spence Midwife

... IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick J. O'Brien.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married.

Occupation, Coach Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 26 Years

Place of Death, {Give street and number.} Cor Madison St. and Harford Ave.

Cause of Death, {First (Primary.) Second (Immediate,)} Bright's disease of Kidneys.

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 6 1877

Undertaker, James O Byrne

Place of Business, NC 63 N Front St

David Stevenson M. D.
Medical Attendant.

Address 183 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15486

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *11* *Months,* *5* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 357 Penna Avenue

Cause of Death, {First (Primary,) Pertussis; Second (Immediate,) Bronchitis

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 6th 1877

Undertaker, Chenoweth & Co

Place of Business, 364 Pa Ave

H Darling *M. D.*
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Cranwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vincennes Indiana

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 26 S. Carey st

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febry 7th 1877

Undertaker, H Godey Jr

Place of Business, 41 Hanover St

P. K. Benson M. D.
Medical Attendant.

Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella McComb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line} Single

Occupation, Book folder.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 Greenmount Ave

Cause of Death, {First (Primary,) Pthisis. Second (Immediate,)

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Feb 6

Undertaker, H. E Wiedefeld

Place of Business, 90 Greenmount Ave

Wm. Whitridge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Crampon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 57 S Paca St

Cause of Death, {First (Primary,) ____ Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, 12 Mos

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1877

Undertaker, John S Thatcher

Place of Business, 16. 150 Camden St

A H Conner M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15490 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyforge H. Dare

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 3 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co Md.

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 91 Frederick Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Friends Grave yard

Date of Burial, 6th of February

Undertaker, Blackiston & Son

Place of Business, 62 West Balto St

Theodore Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Ball

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, supposed 36 *Years,* *Months,* *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centreville Md

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 336 Hughes st

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Anasarca

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6

Undertaker, Hercules Ross

Place of Business, 180 West St

Wm G Rhodes *M. D.*

Medical Attendant.

Address 55 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E. Dilfred

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 15 *Days.*

Color, W Child

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 513 W Fayette St.

Cause of Death, First (Primary,) Dentition,

Second (Immediate,) Diarrhea,

Duration of Last Sickness, 10 Days,

All the above information should be furnished by the Physician.

Place of Burial, Balls Cemetery

Date of Burial, Feb 7th 1877

Undertaker, Hughes & Co

Place of Business, 830 Fayette St

John I. A. Bryce M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15249 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Potter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 126 Ramsay st.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark's Hendon

Date of Burial, Feb 7 1877

Undertaker, J Wehrle

Place of Business No 198 Howard st *Address*

J J Wiesta *M. D.*
Medical Attendant.
32 W Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 152494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ... *Months,* ... *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Rope Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 28 Lowndes St

Cause of Death, {First (Primary,) ... Pleurisy

{Second (Immediate,) ...

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery | Julius Hall *M. D.*

Date of Burial, Feb 6 1877 | Medical Attendant.

Undertaker, S M Chase | *Address* ...

Place of Business. No 178 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L Brannen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 129 Hamburg St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Congestion Brain

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 6

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H. B. Stolle M.D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 15496

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Anstey Chaeson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, {Give street and number.} 1 Eutaw st

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 7 st 1877

W. T. Mumford, *M. D.*
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 270 W. Eutaw st *Address* 80 Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephs Albert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 218 Preston St.

Cause of Death, {First (Primary.) Teething

{Second (Immediate,) Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 8 Feb.

Undertaker, M. Shilling

Place of Business, 72 Pen. St.

D. L. Keller M. D.
Medical Attendant.

Address 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13198

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janet Henderson.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Forty five *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Female.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edinburgh Scotland.

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number.} 32. Somerset. St.

Cause of Death, {First (Primary,) Cirrhosis. Second (Immediate.)

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 8th 1877

Undertaker, John A Rodenmayer Address 178 Aisquith St.

Place of Business, Cor Greenmount Ave & Monument St

D. Caldwell Ireland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sellie Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} Orleans Street 153 near Aisquith

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) Congestive chill

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Eden St Helena Cemetery

Date of Burial, Feby 7th 77

Undertaker, Wm Elam

Place of Business, 101 Gough *Address* 88 St Paul Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15500

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Fees

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Ohio Ave

Cause of Death, {First (Primary.) / Second (Immediate.)} Pertussis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, N. Pub. Cemetery

Date of Burial, Feb 7 1877

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Jas. A. Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Off. Fairbanks (on the Beat

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Taylor

Sex. Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 430 Hanover St

Cause of Death, {First (Primary.) / Second (Immediate.)} Scarlatina Sine Eruptio

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Westminster

Date of Burial, Feb 7th

Undertaker, Wm J. Tyler

Place of Business, 65 S. Eutaw

Chas. F. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February Sixth 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William E. Biden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, twenty two *Years,* one *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commission Merch't.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 71. Hollins St.

Cause of Death, First (Primary,) Scarlet Feven (Maligna)

Second (Immediate,)

Duration of Last Sickness, two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'y

Date of Burial, Feb 8th 1877

Undertaker, [illegible]

Place of Business, [illegible]

Samuel H. Henry M. D.
Medical Attendant.

Address 198. Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Sullivan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. J.

Duration of Residence in the City of Baltimore. 7 Years

Place of Death, {Give street and number.} 10 Foundry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hypnic Convulsions

Duration of Last Sickness, 36 Hours

All the above Information should be furnished by the Physician

Place of Burial, M. C.

Date of Burial, Feb 7th 1877

{*Undertaker,* / *Place of Business,*} James Mills, Front St

Geo R Reynolds M. D.
Medical Attendant.

Address 34 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Landon H Burgess

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Johnson Ave

Cause of Death, First (Primary,) —

Second (Immediate.) Scarlatina

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feby. 7th 1877

Undertaker, Chas. A. Ponder

Place of Business, No 520 N. Balto St

Thomas Sappington M. D.
Medical Attendant.

Address 70 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F. Ambrent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chappel St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chappel St

Cause of Death, { First (Primary,) Indigestion
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *H. S. House* *M. D.*

Date of Burial, Feb 8th 1877 *Medical Attendant.*

{ *Undertaker,* S. S. Chalupes *Address* Cor Cary & Paca
{ *Place of Business,* Penn Ave als City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Welch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto Co.

Duration of Residence in the City of Baltimore. 29. Years

Place of Death, {Give street and number} 110 Front Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Strangulated Inguinal Hernia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb. 8 1894

Wm. H. Bond M. D.
Medical Attendant

Undertaker, Armstrong & Kenny

Place of Business, No 265 Light St

Address 1611 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Baldus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore. 41 years

Place of Death, {Give street and number.} 242 Pine St.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 9, 1877

Edward A. Mavis M. D.
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 31 Central ave. *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William O. Ledlow

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Chesnut Alley

Cause of Death, {First (Primary,) Mal nutrition artificial nursing
Second (Immediate,) marasmus

Duration of Last Sickness, all its life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7 1877

James A Steuart M. D.

Undertaker, Wm H. Benthoff

Place of Business, Druid Hill Ave

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mattie Douglas mother

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm C. March

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 1 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} Runa ave (No 286)

Cause of Death, First (Primary,) Progressive Cerebral disease (Local Meningitis)

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, February 8th 1877

Undertaker, Lonne

Place of Business, W. Balt St. Near Fremont

W. J. A. Kemp M. D.
Medical Attendant.

Address 43 N Grayson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Howard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 2 yrs 6 m.

Place of Death, {Give street and number.} 95 Jasper St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, about 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th 1877

Wm. F. Lockwood M. D.
Medical Attendant.

Undertaker, F. T. Ramsdell

Place of Business, Saratoga & Poplar *Address* Balto. Gen'l Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Moulton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 14 *Days.*

Color, Light

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 St Mays street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 8th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

A Darby M. D.
Medical Attendant.

Address 43 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REVERSE SIDE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1557½

HEALTH DEPARTMENT
1877
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4, 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Dougherty.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laboring

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Little Green St 122.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Consequent upon disease

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feb 8th 1877

Undertaker, Jas R Bryan

Place of Business, Front St

A. L. Wolfe, M. D.
Medical Attendant.

Address Washington Co. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. O'connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 5 Little Second St.

Cause of Death, {First (Primary,)} Pleuro pneumonia

{Second (Immediate,)} Exhaustion of nervous

Duration of Last Sickness, Thirteen days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb 8th 1877

G. Glanville Rusk M.D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Front St

Address Balt. & Bast. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 6. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Sebastian Danner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore. From 36 - 38 years

Place of Death, {Give street and number.} 289 Franklin

Cause of Death, First (Primary.) Peri Hepatitis

Second (Immediate.) Empolism

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 9th 1877

Undertaker, A. Kimmel

Place of Business, 311 Mulberry St *Address* 56 N. Green St

W. F. A. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
7
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ January 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Ann Harris

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Twenty Eight Years, Eleven Months, Twenty three Days.

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 42 Washington Ave

Cause of Death, { First (Primary,) Nervous Exhaustion
Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. C Shuster M. D.

Date of Burial, Feb 8 Medical Attendant.

{ *Undertaker,* J B Cook
{ *Place of Business,* 707 West Baltimore St *Address* 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore. 10 Years

Place of Death, { Give street and number. } 10 McElderry Pl

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Ecclesia Cemetery

Date of Burial, February 7 1877

E. C. Jordan *M. D.*
Medical Attendant.

Undertaker, Wilmot Lingan

Place of Business, 10 Hanover St

Address 194 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 118 Johnson St Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Johnson St

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus. Cem.

Date of Burial, Feb 8th

{*Undertaker,* Chas. F. Krauss.

{*Place of Business,* 209 Hanover st *Address*

G. Schmidt *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence P. Stubbs

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, One *Years,* 6 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 672 W. Lombard St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y, *Date of Burial,* February 8th 1877

Undertaker, Chas. J. Noble

Place of Business, 161 Hanover St

I. C. Burch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Cook

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 18 Park St.

Cause of Death, First (Primary,) Phthisis,

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb. 8th

Geo. H. Leach M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave. *Address* 28 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Michaels

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 15 Mulberry St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) or

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount R. Dorcester

Date of Burial, Feb 8

M. D.
Medical Attendant.

{*Undertaker,* Geo W Spence

{*Place of Business,* 206 Forrest Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 4 P.M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia F. Slater

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1 Jackson Square

Cause of Death, {First (Primary.) Pleural Pneumonia / Second (Immediate.) Phthisis Pulmonalis}

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 9th

Undertaker, R. Renwick & Sons.

Place of Business, 92 N. Howard St

James E. Donnelle M. D.
Medical Attendant.

Address 1996 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice M. Parker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 13 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 Mosher Street.

Cause of Death, {First (Primary,) ; Second (Immediate.) Consumption

Duration of Last Sickness, One or two Years Sickness

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, February 10 1877

{*Undertaker,* S.W. Jenkins & Son ; *Place of Business,* 16 Light St.

W. H. Hamill M. D.
Medical Attendant.

Address 71 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredenca Minnich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 339 Johns St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 9th.

{*Undertaker,* Wendelin Dyffel

{*Place of Business,* S. Bond St. 161 *Address*

Mark E. Ball M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15524 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Linnig Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty one *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single Widow~~ Widower, {Cross out the words not required in this line.}

Occupation, Boy maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 15 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 E. Pratt Ste

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,) 12 hours —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feby. 8

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Bath Ste

D. C. Ireland M. D.
Medical Attendant.
Coroner Bd

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Grenzebach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 240 S. Sharp St

Cause of Death, First (Primary,) Chorea

Second (Immediate,) Debility

Duration of Last Sickness, 16 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 9th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

DR. J. H. SMITH, FEB 7 1877, BALTIMORE.

M. D.
Medical Attendant.

Address 188 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

Date of Death, Feb 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fredrick City Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 10 Stiles st

Cause of Death, {First (Primary,) Intemperance

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, Febury 8th 1877

{*Undertaker,* Wm E Gray

Place of Business, 68 Mulry st} *Address* .....

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

Date of Death, Febry 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Homes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, ed *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Union St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cathedral

Date of Burial, Feb 9th

Undertaker, Jno Schilling

Place of Business, 72. Fennsave

B. W. Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Simmons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 103 Orchard St

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb. 8th 1877

Undertaker, M. A. Bishop Jr

Place of Business, 103 Point Hill Ave.

W. H. Griffith M. D.

Medical Attendant.

Address 60 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 / 877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Newcome

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 yr

Place of Death, {Give street and number.} St. E Monument

Cause of Death, First (Primary,) Organic Disease of Heart

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery E A Hollidge M. D.

Date of Burial, February 9th 1877 Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St Address 151 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Handley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 88 Middleton Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cemetery

Date of Burial, Feb 8

John H. Timmes M. D.
Medical Attendant.

Undertaker, Duffy

Place of Business, 54 to Broadway *Address* 186 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 32 N. Chapelle St.

Cause of Death, {First (Primary.) Teething

{Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallas by Ex.

Date of Burial, Feb 8th 1877

{*Undertaker,* John W Locks

{*Place of Business,* 598 S. Wolf St

G. Glanville, Balt. M. D.
Medical Attendant.

Address Balt. Md. 08.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexina Locks

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* five days *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, owner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 Jefferson St Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 44 Jefferson St

Cause of Death, {First (Primary.) disease of Brain

{Second (Immediate,) Convulsions

Duration of Last Sickness, two days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1877

{*Undertaker,* John. W. Locks

{*Place of Business,* 59 S. Wolf st *Address* 18 Bridgewater

Gust. Wagner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Powers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland—

Duration of Residence in the City of Baltimore. 24 years.

Place of Death, {Give street and number.} 144 Madison St.

Cause of Death, {First (Primary.) Second (Immediate.)} Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Feb 9 1877

Undertaker, James O Byrne

Place of Business, No 63 W Fayette St *Address* 137 Orleans St

J. J. Gaup M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen C. Gould -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 - *Years,* *Months,* *Days.*

Color, Mulatto.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Mary's Co- Md

Duration of Residence in the City of Baltimore, 5 Years -

Place of Death, {Give street and number.} # 114 Lee St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, Unknown -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 8 1877

{*Undertaker,* James D. Byrne

{*Place of Business,* # 63 N Front St

L. A. Bell M. D.
Medical Attendant.

Address 161 Le Grand St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward McKenna

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty eight *Years,* *Months.* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower Married forty years

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland from County Monaghan

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} Baltimore 219 n Howard St

Cause of Death, First (Primary,) Disease of Liver

Second (Immediate,) Disease Kidneys

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Feb 9th 1877

J. A. Montgomery *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 270 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
8
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th of February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 years 6 months. *Years,* 7 *Months,* 5. ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Maryland Ave

Cause of Death, First (Primary,) Leucocythemia

Second (Immediate,) Pneumonia

Duration of Last Sickness, In bed about two weeks, sick for Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedra Cem. *Wm.* Whitridge *M. D.*

Date of Burial, February 9th 1877 Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 8 1877 BALTIMORE

Permit No. 15537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Woodin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, ~~Mulatto~~ White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 26 yrs -

Place of Death, {Give street and number.} 62 Paca St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Apnoea -

Duration of Last Sickness, About 8 months -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, Feb. 9th 1877

Undertaker, John J Ordemayer *Address* 117 Madison St. & Park.

Place of Business, Cor Lemmon ave & Monument St

R. W. Barton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15538 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 9 1877 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thuman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 E. Biddle St.

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Croup}

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Feb 9 1877

Undertaker, M. Foard

Place of Business, 210 Canton Ave

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Undertaker —

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Sal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 343 Pennsylvania Ave

Cause of Death, {First (Primary,) Asthma

{Second (Immediate,)

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb' 11th 1877

Undertaker, John Wacker,

Place of Business, No 150 Lombard St, *Address* 16th Ward Balto City

Wm. H. Forsyth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Smith Scroggins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, one Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 110 Harmony st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 Harmony st

Cause of Death, {First (Primary,) Second (Immediate,)} received a fall causing Concussion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9th

Geo C Ophs Coroner M. D.
Medical Attendant.

Undertaker, Wm H Leonard Son

Place of Business, 782 Baltimore St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Becker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kentucky 4 mos

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 281 E Pratt St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet fever Malignant

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Feb 9.

Undertaker, L Boyer

Place of Business, 78 S Broadway

Jos G Benzing M. D.
Medical Attendant.

Address Cor Bdwy & Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Truit

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 2 5 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1162 E. Bethel

Cause of Death, {First (Primary,)} Phthisis Pulmonalis (Congenital)

{Second (Immediate,)} Congestion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas st. cemetery

Date of Burial, Feb 9 1877

Undertaker, Geo. T. Jones

Place of Business, 162. E. Dallas st

G. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Minnick,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D. C.

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} 355 E. Pratt St

Cause of Death, {First (Primary,) Parturition

{Second (Immediate,) Puerperal Metritis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 9 th.

{*Undertaker,* Wendelin Dippel

{*Place of Business,* S. Bond st. 151

Dr. Wm. McManus, Lyman, Selden & Rud M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

Date of Death, February 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian Fowler.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty three *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single, Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 63 Years.

Place of Death, {Give street and number.} 256 Aisquith St.

Cause of Death, First (Primary,) Cancer of Stomach.

Second (Immediate,) (Scirrhus)

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cem,

Date of Burial, Saturday 10. 3. PM

W. C. Ireland M. D.
Medical Attendant.

Undertaker, Rchd Hall

Place of Business, 233 E Baltimore *Address* 198 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 155215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. C. Schmaly

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40. N. Howard st

Cause of Death, First (Primary,) Scarlatina Malyna, Abscesses

Second (Immediate,) Pneumonia -

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, July 9th 1877.

A A Sath. M. D.
Medical Attendant.

Undertaker, Geo. Baar

Place of Business, 426. Balto st. *Address* 343. Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Carr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 25 Franklin St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Feb 9th

{ *Undertaker,* C. F. Krause
Place of Business, 209 Hanover St

Wm. P. Mundell M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joseph De Falco

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 15 Pontine, It Italy

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 15 Pontine,

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Feb 9th

Undertaker, Chas F Krause,

Place of Business, 209 Hanover st

Jno Alexis M. D.
Medical Attendant.

Address 5 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Thad Meisel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 424 N Fayette St.

Cause of Death, {First (Primary,) Supposed to have had Measles,
Second (Immediate,) Coma Cerebral Was in Convulsions when found

Duration of Last Sickness, Visited at 1,30 P M,= Died at 7 P M,

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, 10 Feb

Undertaker, P. Wimmert

Place of Business, 317 Wm Bery

Thos. J. A. Steger M. D
Medical Attendant.

Address City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1877 BALTIMORE

Date of Death, Feb'y 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* 6 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 291 Hamburg St.

Cause of Death, {First (Primary,)} Asthma

{Second (Immediate,)} Heart disease

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11 1877

Undertaker, J. W. Chase

Place of Business, No 198 Howard St

R. B. Lee M. D.

M. U. Co Coroner 3 D.

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15550 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

Date of Death, 8 Feb. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Foundling

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasms

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 10. 1877

Undertaker, Saml Bowers

Place of Business, 56 Division St

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Plaster

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32. *Years,* 11. *Months,* 16. *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Frederick Co. Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 253 Baltimore Avenue

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)}

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, London Park,

Date of Burial, January 9th.

Undertaker, Jacob Heard,

Place of Business, 418 Druid Hill Ave.

By Theodore Cole M. D.
Medical Attendant.

Address 146 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

Date of Death, Feb 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisa Britton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 9 months

Place of Death, {Give street and number.} 79 S. Amm St

Cause of Death, First (Primary,) Tuberculis Meningitis

Second (Immediate,) —

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, February 10 1877

E. C. Jenkins M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 & Broadway *Address* 134 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

Date of Death, February 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Emma~~ Joseph. Clay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, very fair *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 285 Jefferson St.

Cause of Death, First (Primary,) Burns of face, neck & arms.

Second (Immediate,) Convulsions from the Burns.

Duration of Last Sickness, Two & half days

All the above information should be furnished by the Physician.

Place of Burial, St. Alexanders

Date of Burial, Sunday 10 Feb.

Edwin M Gordon M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Wolf st. Address 166 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb. 7th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adell M. Fortune

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 2 *Days.*

Color, Colored.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 11 Chase St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Asphyxia.

Duration of Last Sickness, 7 hrs.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feby. 9th. 1877

Undertaker, Jno. F. Bishop Jr.

Place of Business, 113 Druid Hill Ave.

Edias C. Price & Son M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15555

HEALTH DEPART... SEP 9 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ishia Allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ~~10~~ 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 116 Warren

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician

Place of Burial, W. Fern Cemetery

Date of Burial, Sept 11 1877

Undertaker, Chas S Thacher

Place of Business, No 150 Camden

Medical Attendant. Hardon Cotte M. D.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15556

HEALTH DEPART. FEB 9 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lulie Pickenner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Co

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } Mt Royal Ave

Cause of Death, { First (Primary,) Croup

Second (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Hy. Coroner M. D.

Date of Burial, Feb 7 1877 Medical Attendant.

Undertaker, Wm. H. Fate

Place of Business, Mt Royal Ave Address Cor Eutaw & Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Elgar Ball

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 216 Stirling St

Cause of Death, {First (Primary,)} Phthisis Pulmonalis complicated with Mitral Regurgitation

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 10 1877

Undertaker, W N. Dunbar

Place of Business, East St

Edgar Nalls *M. D.*
Medical Attendant.

Address 81 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15558

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Randol

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 62 yrs

Place of Death, {Give street and number.} 63 Park Ave

Cause of Death, {First (Primary,) Chronic Dysentery

Second (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 10th 1877

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 262 Light St

John G. Jay. M. D.
Medical Attendant.

Address Balte Genl Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. Parker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 235 Columbia Aven

Cause of Death, {First (Primary,) / Second (Immediate,)} acute Tuberculosis

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, February 11 1877

Undertaker, S.W. Perkins & Son

Place of Business, 16 Light St.

J. H. Emory *M. D.*
Medical Attendant.

Address 760 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Ricketts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Four *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 107 N. Broadway

Cause of Death, First (Primary.) Measles

Second (Immediate,) Dysentery

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Feb' 11th 1877

Wm. A. Chudwick, M. D.
Medical Attendant.

Undertaker, John Macher

Place of Business, No 150 Canton *Address* No 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Crane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 11. *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 397 Aisquith.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Sherwood Leeke, M. D.
Medical Attendant.

Address 146. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

Date of Death, February 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Rehrer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Twenty four *Years,* Six *Months,* Fourteen *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar - maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bamberg Bavaria

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} North Wolfe Str. No 13.

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 10 th.

Undertaker, Wendelin Diffpel

Place of Business, S. Bond st. 151

A. B. Lyman M. D.
Medical Attendant.

Address 375 East Baltimore st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thurs. Feb 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Burgess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Living Thru Life

Place of Death, {Give street and number.} No 86 N. Schroeder St

Cause of Death, {First (Primary,) Incurable

Second (Immediate,) Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb. 11th

Undertaker, Chas. Ponder

Place of Business, No W. Balto St.

Thomas Shipping M. D.
Medical Attendant.

Address 70 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Henretta Baldwin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 — *Years,* 9 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} # 185 West - St

Cause of Death, First (Primary,) Consumption of Lungs
Second (Immediate,) do

Duration of Last Sickness, about 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11 th

Undertaker, H Brice

Place of Business, Henretta St 81

Harbaugh *M. D.*
Medical Attendant.

Address 862 Fouth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Rent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn L. I.

Duration of Residence in the City of Baltimore. 3 months

Place of Death, {Give street and number.} Stockton & Pratt

Cause of Death, {First (Primary,) Hemiplegia 3 Week

Second (Immediate,)

Duration of Last Sickness.

All the above information should be furnished by the Physician

Place of Burial, Mt Auburn Cemetery

Date of Burial, 11th Feb 1877

Undertaker, C. F. Knauf

Place of Business, 259 Hanover St

Thos. F. Benson M. D.
Medical Attendant.

Address 161 Hanover St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lyda A. Coyner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 134 N. High St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) ———

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 10th, 1877

E. C. Gordan *M. D.*
Medical Attendant.

Undertaker, Wm. H. Beckman

Place of Business, 2340 Gay St. *Address* 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~John Smith~~ Edward Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 17 Albemarle St

Cause of Death, First (Primary.) Scarlatina

Second (Immediate.) ———

Duration of Last Sickness, 8 days ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 10th 77 S. J. Barnett M. D.

Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 90. S. Howard St Address No. 7. S. Sligh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Button

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 0 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Cor Orchard St. & Cullisons Ct

Cause of Death, {First (Primary,) ... Second (Immediate,)} Dropsy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Feb 10 1877

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker — [OVER.]

Board of Health, City of Baltimore,

Permit No. 15549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis P. Keyser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Scholar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 N. Calvert St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.) Exhaustion

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Feb 11th 1877

Undertaker, Chas P Byrne

Place of Business, 63 N Paca

Address 188 N. Calvert St

(Chas. J. Cox Ryan) M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Myrtle Avenue.

Cause of Death, {First (Primary,) Cancer
{Second (Immediate,) Uterus & Mammary Cancer.

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 10th 1877

{*Undertaker,* Jacob Weaver
{*Place of Business,* No 4 & 6 Druid Hill Ave *Address* 71, Franklin St.

W. H. Williams, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence V. Crofswell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 63. Stockton St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem. Co. A. Tinsley M. D.

Date of Burial, 12 February Medical Attendant.

Undertaker, J. H. Chalmers

Place of Business, 262 Penna Ave *Address* 457 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 677)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Ennis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11. *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 440 Light St

Cause of Death, First (Primary.) Pneumonia

Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, 11 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Theodore Cook M. D.
Medical Attendant.

Address 440 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Bregezer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* 10 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, stone - cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} corner China alley & Fremont St.

Cause of Death, First (Primary,) Pulmonary Phthisis.

Second (Immediate,) General Prostration

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Lawn New York Com. Henry Salzer M. D.

Date of Burial, Feby 11th 1877 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Crafts Address 165 W Lombard St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15574

HEALTH DEPARTMENT
FEB 10
1877
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stuart—

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia—

Duration of Residence in the City of Baltimore, Unknown—

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Two Years—

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of burial, ~~E. Fair Grounds~~ Bonny View

Date of Burial, Feb 10 "1877

Undertaker, Chas Steeper

Place of Business, Pratt St

A. S. Waller *M. D.*
Medical Attendant.

Address Washington U. Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie May Lovejoy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Camden Lane, Dunn St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumania

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery.

Date of Burial, Feb 11th 1877

Undertaker, F. N. Ezell

Place of Business, 90. S. Howard St

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th. February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Ritter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Wolfe street 213.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, S. G. Ref. Cong. Cemetery.

Date of Burial, Sunday Feb. 11th 77

{*Undertaker,* J. Rein

{*Place of Business,* 232 Miriania st.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Meyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife of Henry Meyer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburg Germany.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number.} 45 Madison Ave

Cause of Death, {First (Primary,) Acute Pneumonia,

Second (Immediate,)

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Feb 11th

{*Undertaker,* H Borgmann

Place of Business, 45 E Clay St

Wm. F. A. Kreuzer M. D.
" " "
Medical Attendant.

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Stallings

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 19 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 118 Ramsay St

Cause of Death, First (Primary,) Constitution

Second (Immediate.) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Feby 12th 1877

Undertaker, Chas. F. Abell

Place of Business, 161 Hanover St

A. McColgan M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15379 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1897 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Cohill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} USA

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Bl Fremont Ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Over 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11th/97

Undertaker, A. C. Schilling

Place of Business, 1672 Pennsylvania Ave *Address* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 10 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Enery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Hollins —

Cause of Death, {First (Primary.) Bronchial Catarrh
Second (Immediate,) Whooping Cough —

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 12th 1876

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Edwd. F. Michaelsand M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

Permit No. 13381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Apple

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 Mo

Place of Death, {Give street and number.} 211 Stiles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loyds St Cemetery

Date of Burial, July 11th

Undertaker, Wm Glass

Place of Business, Lough St

A. H. Simmons M. D.
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE

Date of Death, Feby 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.* 1½

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 292 Central ave

Cause of Death, {First (Primary,) Convulsions. Second (Immediate,) Cause unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's cem

Date of Burial, Feb 11 1877

Undertaker, Henry Hoch

Place of Business, 20 Centre Market

F. D. Warner *M. D.*
Medical Attendant.

Address 256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bolton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 1 Jackson

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) exhaustion

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 12 1877

Dr H Stiffenmeyer *M. D.*
Medical Attendant.

Undertaker, Thos G Hughes

Place of Business, 160 E Balto *Address* 1 Wash Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10 - 1877 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. M. Prince.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 - *Years,* *Months,* *Days.*

Color, White. *Sex,* Male -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baggage Master -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} Baltimore City Jail -

Cause of Death, First (Primary,) Heart disease,

Second (Immediate,) 3 days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Com

Date of Burial, Feb 11th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

J. M. Hoeck, M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1877 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Laura Johnson~~ February 8. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~20.~~ Years, —— Months, —— Days.

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 22 Marion Street

Cause of Death, {First (Primary,) Consumtae Phthisis. Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, Bet. 3 & ~~4~~ months.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 11th 1877

Undertaker, William A. Lunger

Place of Business, 110 N. Paca St.

A. A. Bruff. M. D.
Medical Attendant.

Address Paca & Fayette Sts
Balto City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday February 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Matthews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 6 Rice St. Baltimore City

Duration of Residence in the City of Baltimore, 14 month

Place of Death, {Give street and number.} 74 Holliday St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. G. Welch *M. D.*

Date of Burial, Sunday Feb. 11th Medical Attendant.

Undertaker, William T. Young

Place of Business, No 104 East St *Address* 57 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 74

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 0 *Months,* 1 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 67 William Perry St

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, Feb 12. 1874

{ *Undertaker,* John C Jordon

Place of Business, No 63 Park Ave

Dan'l Clyde M. D.

Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15588 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rubin Reddig

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Jacques st

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feb 11 1877

Undertaker, [illegible]

Place of Business, [illegible]

W. B. Griffith *M. D.*
Medical Attendant.

Address 60 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15389

HEALTH DEPARTMENT FEB 17 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Allen Theodore George Washington Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 906 E. Eutaw St

Cause of Death, {First (Primary.) Morbilli / Second (Immediate,) Capillary Bronchitis / Grippe}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Resh. Cemetery

Date of Burial, 12 Feb 1897

Undertaker, Chas. H. Herold

Place of Business, 161 Hanover St City

C. V. Benson *M. D.*
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Ellis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 9 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word is not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltd Md

Duration of Residence in the City of Baltimore. 9 yrs

Place of Death, {Give street and number.} 18 Dover St

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) ———

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 11th 1877

Undertaker, Wm James Gray

Place of Business, 63 Mulberry St

Edwd M Cushman M. D.
Medical Attendant.

Address 57 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Gould

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 80 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 29 Dawson St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Feby 11th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

R. C. Lee M. D.
Medical Attendant.

N. W. cor.
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Bragg

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 331 Light St.

Cause of Death, {First (Primary,) Gastro-Enteritis. Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 12th 1877 J. W. Middleton M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Demmy
{*Place of Business,* 263 Eight St. *Address* 121 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

Date of Death, Feb. 10th 2 P.M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 Yrs 7 ~~Months~~, 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 185 S. Caroline St.

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,)

Duration of Last Sickness, since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Bloftonias

Date of Burial, Feb. 11th

James E Donnelly M. D.
Medical Attendant.

Undertaker, Reinhardt & Kuntz

Place of Business, No. 35 Banks St.

Address 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Allen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the wor ls not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 45 years

Place of Death, {Give street and number.} 137 N Paca St

Cause of Death, {First (Primary,) Senile Apoplexy Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 11th 1877

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 456 Druid Hill Avenue

Geo. H. Benson *M. D.*
Medical Attendant.

Address 144 Hanover City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Kestner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Wolfe street Nro 225.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Convulsions.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 11th. Feby.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann. st

William Henkel M. D.
Medical Attendant.

Address S. Wolfe street 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 Feb. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sunnd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* . *Months,* . *Days.*

Color, white

~~Married, Single,~~ Widow ~~or~~ Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 160 Exeter

Cause of Death, {First (Primary,) Fungus medullaris of the left side of the cranium / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 12 1877

C Hoffmann *M. D.*
Medical Attendant.

Undertaker, Henry Hocek

Place of Business, Centre Ave *Address* 57 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kundigunda Voelker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5-3- *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married (2nd)

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 466 Fort Ave

Cause of Death, {First (Primary,) Gastritis

{Second (Immediate,)

Duration of Last Sickness, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, February the 12/77

Undertaker, Julius Kölker

Place of Business, Cor Sharp & Cross

R. C. Lee M. D.
Medical Attendant.

N. W. Cem

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11 : 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Waserman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 – *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 2 1/2 Years.

Place of Death, {Give street and number.} No. 38 S. Sharp St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom Cem

Date of Burial, Feby 12 1877

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

No. 15599

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mallow Fee.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New-York.

Duration of Residence in the City of Baltimore, Ten years—

Place of Death, {Give street and number.} Washington U. Hospital

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Two — years—

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 12 1877

Undertaker, James F Byrne

Place of Business, 76 E Baltimore St

A. L. Hagg M. D.
Medical Attendant.

Address Washington U. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Courtney Jenkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 Years 10 Months, 22 days

Place of Death, {Give street and number.} 49 Cortland, cor Mulberry

Cause of Death, {First (Primary,) Gout

{Second (Immediate,) Uraemia – Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetry

Date of Burial, 13th Febry 1877

{*Undertaker,* A.W. Jenkins & Son

{*Place of Business,* 16 Light St

Wm Morris M. D.
Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15601

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R Hodgkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 195 N Howard

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, West Morland Co Va.

Date of Burial,

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address* 40 Richmond St

C Bloomer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificnte setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 678

oard of Health, City of Baltimore,

Permit No. 15604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 63 *Years,* — *Months,* — *Days.*

Color, African - "colored"

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore - Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 90 Orchard St.

Cause of Death, {First (Primary,) Second (Immediate,)} Cardiac dropsy.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February 12/77

{*Undertaker,* Chenoweth & Co
Place of Business, 364 Pa ave} *Address* 112 N. Greene St

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kelly

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Madeson Ave near Prestmanth

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St peters Cemetery Chas E Satter M. D.

Date of Burial, Feb 12th 1877 Medical Attendant.

Undertaker, [illegible] & Co. *Address* 649 Penna Ave

Place of Business, 364 Pa ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Date of Death, 11th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Krauck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 6 *Months,* ... *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tinman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} Boston street No 92.

Cause of Death, {First (Primary,) Hydrothorax
Second (Immediate,) Paralysis Pulmonum

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Feb 12th 1877

Undertaker, Henry Frocklich

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lloyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Fell ~~and~~ died on Balt Street near Augusta Residence Tenfoot alley between Spring & Eden

Cause of Death, First (Primary,) Heart

Second (Immediate,) disease probably

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician

Place of Burial, E P Cemetery

Date of Burial, Feb 60

Undertaker, Charles Steiger

Place of Business, Pratt & Charles Sts

Edmund R Walker M. D.

~~Medical Attendant.~~

Address Corner W & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permit No. 15606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rapp.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Sixty Eight *Years,* — *Months,* — *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Lancaster & Broadway.

Cause of Death, {First (Primary.) Intemperance. / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E. P. Cemetery

Date of Burial, Feb 10

Undertaker, Charles Struse

Place of Business, Pratt & Schroeder Sts

D. C. Ireland M. D.
Medical Attendant.

Coroner E. Dietz.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38? *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany probably

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 54 Centre Market Space

Cause of Death, {First (Primary,) Intemperance

{Second (Immediate,) & Exposure Jury Verdict

Duration of Last Sickness, Found dead

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, Feb 9

Undertaker, Charles Strupe

Place of Business, Pratt & Chester Sts

Edmund P Walker M. D.

~~Medical Attendant.~~

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Feb. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cooper

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} female

Age, 36 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, — None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 11 Moores alley near Madison ave

Cause of Death, {First (Primary,) Phthisis; Second (Immediate,) Dropsy

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 12th 1877

Undertaker, Wm G Gray

Place of Business, 45 Mulberry St

G L Tanyhill M. D.
Medical Attendant.

Address 129 W Pedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Clayton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Two (10) *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Low foot Alley No 9

Cause of Death, First (Primary,) Teething

Second (Immediate,) Irritation of brain

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, February 12th 1877

Undertaker, John H. Locke

Place of Business, 59 S. Wolf st

E. C. Baldwin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Date of Death, Feb 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Green

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, [illegible]

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 17 Leadenhall St

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis

Duration of Last Sickness, one year —

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cem

Date of Burial, Feb 12 1877

James A Steen M. D.
Medical Attendant

Undertaker, A. H. Chase

Place of Business, Eutaw St

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Date of Death, Feb 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Doran

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 112 Orchard st

Cause of Death, {First (Primary,) old age

{Second (Immediate.) Exhaustion

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1877

W. B. Griffith *M. D.*
Medical Attendant.

{*Undertaker,* S. N. Chase

{*Place of Business,* No 198 Howard st *Address* 60 Mc Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. No 15612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Payne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, Black — *Sex,* Male —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 1 year & 10 months

Place of Death, {Give street and number.} 73 Perry St

Cause of Death, {First (Primary,) Whooping Cough; Second (Immediate.) Spasms,}

Duration of Last Sickness, 3 hours —

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 12 1877

Undertaker, J W Chase

Place of Business, 180 198 Howard St *Address* 91 S Greene st

J Edwd Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Jennings

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} 16 Union St

Cause of Death, {First (Primary,) Inflammation brain

Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feby 12 1877

Undertaker, H W Chase

Place of Business No 198 Howard St

M M Antrim *M. D.*
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Date of Death, Feby 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Chew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Rhode Row, on Plum alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 1877

{*Undertaker,* S. W. Chase

{*Place of Business,* No 198 Howard St

R. C. Lee M. D.

Medical Attendant Corner S.D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

Date of Death, Feb. 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F Barnett,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1. Eutaw St

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate,) Diphtheria

Duration of Last Sickness, 2. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 13th 1877

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St

Theodore Cook M. D.
Medical Attendant.

Address 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 11th: 8:30. Am.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hand Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Four (4) *Months,* Three (3) *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Dawson Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 Dawson Alley

Cause of Death, {First (Primary,) Inf. of brain

{Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Febry 14 th, 1877

{*Undertaker,* John S. Mackey

{*Place of Business,* No. 150 Camden St.

Wm M Elderdice M. D.

Medical Attendant.

Address 15 N Henry & 8 ~~E~~ S. Fremont Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Tuttle

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 103 W. Lexington St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 10th 1877

Undertaker, Stewart & Moore

Place of Business, 35 Park Ave

T. W. Owings M. D.
Medical Attendant.

Address 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Lybrand

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Rockin

Cause of Death, {First (Primary.) Second (Immediate.)} Dropsy

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Feb 12

Undertaker, C W Blizard

Place of Business, 201 Penn ave

Hammett Hoe M. D.
Medical Attendant.

Address 190 Penn Ave
1914 W Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Suger Granger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* / / *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 269 N. Howard St

Cause of Death, First (Primary,) Miliar Tuberculosis of the basilar menin.

Second (Immediate,) Paralysis of the brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13th 1877

Henry Sager M. D.
Medical Attendant.

Undertaker, R. Kenwick Sons

Place of Business, 92 N Howard *Address* 163 W Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Illegitimate life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 12. 1877

Undertaker, Samuel Bowden

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

Date of Death, Feby. 11. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eveland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2m 2 *Years,* Fine *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore, 2 yrs 5 mos

Place of Death, {Give street and number.} 336. E. Bond St.

Cause of Death, {First (Primary.) Second (Immediate.)} Scarlet Fever. (Malignant)

Duration of Last Sickness, 1½ hours.

All the above information should be furnished by the Physician

Place of Burial, Myers Cemt

Date of Burial, Feb 13th 1877.

Undertaker, H. & M. Gilmeyer

Place of Business, 341 Canton Ave.

D. E. Eveland M. D.
Medical Attendant.
Coroner. E. D.

Address ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

Date of Death, Feb 11. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stack

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* 19 *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia Pa

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 400 Hanover

Cause of Death, First (Primary,) Childbed

Second (Immediate,) Septicemia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Feb 12 77

Undertaker, Armstrong & Demy

Place of Business, No 2631 Eight St

L. Gilmead M. D.
Medical Attendant.

Address 154 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 679)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15623.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

Date of Death, Feb 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rose Anne Coffey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One year *Years,* six *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, One year Six Months

Place of Death, {Give street and number.} Cathedral St. N 4 0

Cause of Death, First (Primary,) Bronchitis Capillary

Second (Immediate.) Asphyxia.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 13th 1877

Undertaker, Joseph F Byrne

Place of Business, 59 S Liberty

T Morris Murray M. D.
Medical Attendant.

Address 91 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, C *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans,

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 7 St James St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Shaft St.

Date of Burial, Feb. 12th 87

Undertaker, Wm. C. Eichman

Place of Business, 234 n. Gay St.

Chas. Mc. Knight M. D.
Medical Attendant.

Address 84 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED FEB 13 1877 BALTIMORE.

Permit No. 15625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 962 Holliday

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Bals Cemetery

Date of Burial, Feb 13 1877

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City [illegible]e,

Permit No. 15626

OFFICE OF [illegible] STATISTICS.

No.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

Date of Death, Feb. 12, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 180 Bank St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Thrush

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Feb 13th 1877

Undertaker, John W. Cooke

Place of Business, 5 & S. Bolton

Wm. Lowry M. D.
Medical Attendant.

Address 180 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Kuthe

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 Mulberry Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Putrid inflamation of the neck.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 13 Feb

Undertaker, B Kinnett

Place of Business, 317 Mulberry St.

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

Date of Death, 11th Feb. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Swindell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 N. Carey St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Pneumonia, Gastritis, & Aphthae

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13th

Undertaker, Chenoweth & Co

Place of Business, 364 Pa Ave

John Hood M. D.
Medical Attendant.

Address 374 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbary E Bowers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} —

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Washington. U. Hosp

Cause of Death, First (Primary,) Catarrhal Bronchitis

Second (Immediate,) Dilatation of heart, —

Duration of Last Sickness, Six days —

All the above information should be furnished by the Physician.

Place of Burial, N E Cemetery Phila Road

Date of Burial, Feb 12/77

Undertaker, Cursty

Place of Business, 54 N Broadway

U. S. Walker M. D.
Medical Attendant.

Address Washington. U. Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

Date of Death, Feb 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Wydra

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Infl Asylum

Cause of Death, {First (Primary,) Mal nutrition

{Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb [illegible]

C. F. Bryan M. D.
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Lexington

Address 241 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wiley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 St. Paul St.

Cause of Death, {First (Primary,) Dilatation of Heart with Mitral insufficiency and diffused emphysema of Lungs. Second (Immediate,) Apnoea

Duration of Last Sickness, He was for more than 6 months under my care; but ill, when I took charge of him

All the above information should be furnished by the Physician.

Place of Burial, Waverley Balto Co S. E. Chest

Date of Burial, Feb 13.

M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 15632 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Andrews Ostrecher

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 115 E. Lombard

Cause of Death, {First (Primary,) Unknow (Twins)
Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cem.

Date of Burial, Feb. 14 1877

Undertaker, A. Ostrecher

Place of Business, 115 E. Lombard St.

James Stewart M. D.
Medical Attendant.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in ~~cases of births and deaths of illegitimate children~~

Information by A. Ostrecher Father

[OVER.]

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 15633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 ~ 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Stephens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 6 *Months,* 14 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Allegheny Co. Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 227 Lee st

Cause of Death, {First (Primary,) Phthisis Pul.
{Second (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Feb. 13th 1877

Jno C Benzinger *M. D.*
Medical Attendant.

{*Undertaker,* Armstrong & Conroy
{*Place of Business,* N. 268 Light St *Address* Cor Bond & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OAK SAFE

Board of Health, City of Baltimore,

Permit No. 15631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Senger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Any & everything

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York State

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 360 N. Howard St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feby 13th 1877

{Undertaker, Wm J Gray

{Place of Business, 16 Mulberry St

W M Antrim M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Permit No. 15635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Garrett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 Cross alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Rheumatism of heart.

Duration of Last Sickness, 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel Cemetery~~

Date of Burial, Feb 14th

Undertaker, ~~Wm Gray~~

Place of Business, ~~44 [illegible] St~~ Mulberry St

Geo C Ogle Connor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15,134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
FEB 13
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo H Payne Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 158 McCulloh

Cause of Death, {First (Primary,) Bronchitis (Capillary)
{Second (Immediate,) Exhaustion

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, February 14th, 77

Dr Lacy Thomas *M. D.*
Medical Attendant.

Undertaker, Chas. S. Denver

Place of Business, 271 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1563 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, 12th Feb 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Daly.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 297 S Gay St

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,) Fall down the steps.

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 14 1877

Undertaker, James S Byrne

Place of Business, No 63 N Fremont

Lew M Clemens M. D.
Medical Attendant.

Address 133 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, Feb. 13th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Brehm

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria Germany

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number.} 95 Shakespeare St

Cause of Death, {First (Primary,) Carcinoma / Second (Immediate,) Exhaustion}

Duration of Last Sickness, Four months

All the above Information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~ Mt. Olivet Cem.

Date of Burial, Feby. 14, 1877

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balt & Bank sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, February 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann L Morris

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co —

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} S Paca St

Cause of Death, {First (Primary,) Malignant disease of Stomach

Second (Immediate,)

Duration of Last Sickness, Six Months —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 15th 1877

{*Undertaker,* Wm Jones Son

{*Place of Business,* 65 Mulberry St

Chas A Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, Feby 14th " 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Catharine Zoebelein

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* — *Days.*

Color,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 Lee St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 15th 1877

Undertaker, F. N. Troll

Place of Business. 90 S. Howard St

R. L. H. Tall M. D.
Medical Attendant.

Address 138 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore.

Permit No. 7562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14. 1877 BALTIMORE

Date of Death, Feb 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Doyle -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* — *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} Cor Dover St & Addison Alley -

Cause of Death, {First (Primary,) Measles / Second (Immediate,) Typhoid Pneumonia -

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 14

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Wm R Leguelin — M. D.
Medical Attendant.

Address S W Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 7 AM.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Summer.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* 0 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norwegh Con.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 260 Alm Ann St

Cause of Death, First (Primary,)

Second (Immediate.) Hamoragia of the Lungs.

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. John D. Fitzer. M. D.

Medical Attendant.

Date of Burial, 14th Feby.

Undertaker, Wm. Sinclair

Place of Business, 255 Aliceanna St. *Address,* N. W. cor N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15643 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, Feb 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 293 Hollins St

Cause of Death, {First (Primary,) Carcinoma Breast} {Second (Immediate,) Congestion}

Duration of Last Sickness, 4 Wks 1 D

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 16th 1877

Undertaker, H. R. Jenkins & Son

Place of Business, 16 Light St.

G. W. McClintock M. D.
Medical Attendant.

Address 121 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 156414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Meredith,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 8 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Minister,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co. Md.

Duration of Residence in the City of Baltimore, 46 years,

Place of Death, {Give street and number.} 286 E. Howard, St.

Cause of Death, First (Primary,)... Second (Immediate,) Diagnosed, — Carcinoma of Liver,

Duration of Last Sickness, 8 or 10 months, /

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 15 1877

Undertaker, S W Chase

Place of Business, 98 E Howard St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, Feby 12th /"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Pine St. 13 B.

Cause of Death, First (Primary,) ...

Second (Immediate,) Coroner.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feby 14th 1877

Undertaker, Samuel Cook

Place of Business. Pine St.

L. A. Johnston M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, February 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bell Rheinhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower. {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since time of birth

Place of Death, {Give street and number.} Register St 1 door S of Pratt St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 3 weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 14th 1877

Undertaker, H. H. Gilmore

Place of Business, 341 Eastern Av. *Address* H. Franklin St

H. A. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ephrim C. Kimmel

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* . *Months,* *Days.*

Color, White *Sex,* ~~Female~~ Male.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locksmills. Main.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} & Constitution

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 15 77

Edward H McDevitt M. D.
Medical Attendant.

{*Undertaker,* John I Rodriguez *Address* 137 N. Exeter St.

{*Place of Business,* Cor Lemmon and Mynmont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Mortimer Christian

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 7 Virginia Ave.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 14.

J. H. Christian M. D.

Medical Attendant.

Undertaker, E. H. Sizard

Place of Business, 201 Pennsylvania Ave Address 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14. 1877 BALTIMORE.

Date of Death, 9 o clock P.M. 12th Feb 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Sykes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy seven *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mid-wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 247 Orleans Street Baltimore

Cause of Death, First (Primary,) Chancroid - phagedenic sloughing

Second (Immediate,) Debility from exposure Suppression in grippe

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician

Place of Burial, Asbury Methodist Cemetery

Date of Burial, 14th Feb 1877

Undertaker, William L. Lamar

Place of Business, 1021 East St.

J. O. Donnelly *M. D.*
Medical Attendant.

Address 28 Forest Place
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Jackson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* two. *Months,* *Days.*

Color, d

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 70 Chauncet St.

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, Feb 14th 1877

{*Undertaker,* William A. Lange

{*Place of Business,* No 104 East St. *Address* 82 Aisquith & Jefferson

Jarvis H. Silcox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, February 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 26 Years

Place of Death, {Give street and number.} 570 N. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronchs. Pneumonia

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 15th

{*Undertaker,* John H. Mann
Place of Business, 22 N. Fayette St

W. R. McNeir M. D.
Medical Attendant.

Address 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

Date of Death, Feb. 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisha Preston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* two *Months,* ——— *Days.*

Color, col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 4 Forest St.

Duration of Residence in the City of Baltimore, it life

Place of Death, {Give street and number.} No. 4 Forest St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15th 1877

E Thompson M. D.
Medical Attendant.

Undertaker, Wm Frey

Place of Business, 54 N Broadway, *Address* of E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART
FEB 14
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 14 Balto St

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery York Road

Date of Burial, Feb 14 1877

M. D.
Medical Attendant.

{ *Undertaker,* James P Byrne
{ *Place of Business,* No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 15654 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14. 1874 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Catherine Dobler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 — *Years,* 9 — *Months,* 18 — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wurtenbery (Germany)

Duration of Residence in the City of Baltimore, Sixty four years

Place of Death, {Give street and number.} 17 Jackson — St

Cause of Death, {First (Primary,)} Asthma —

{Second (Immediate,)} & Complicated with Emphysema —

Duration of Last Sickness, about 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery, h. A. Thum M. D.

Date of Burial, Feb. 16th 1874 Medical Attendant.

Undertaker, Wm. H. Richman *Address* [illegible]

Place of Business, 234 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Burkart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* 28 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bremen Indiana

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 236 N Biddle St

Cause of Death, {First (Primary.) Measles

{Second (Immediate,) Effusion on Brain

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feb 17th 1877

{*Undertaker,* Andrew Leib

{*Place of Business,* 114 Druid Hill Ave

C Winslow M. D.
Medical Attendant.

Address 27 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

Permit No. 15656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 184 Saratoga St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Saratoga st

Cause of Death, First (Primary,) Rachitis (Spinal curvature)

Second (Immediate,) Consumption

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 16 77

M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 66 Eutaw St *Address* 182 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15657.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 15 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo, H, Guest

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Byrd Pl

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 16th 1877

Undertaker, Thos E Lynch

Place of Business, 203 Light St

H. D. Stolt M. D.
Medical Attendant.

Address 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mrs. Elisabeth Oertl Nr 213 Eastern ave a Widow

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} died from old age.

Sex, Male or Female, {Cross out the word not required in this line.} died on 14th Febr 1877

Age, 72 *Years,* old *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} in Germany from Baveria

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Nr 213 Eastern ave

Cause of Death, First (Primary,) old age.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Evans Cemetery

Date of Burial, Feb 16th 1877

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore st

Address M. D.

Medical Attendant, Dr. Charles Keerl

Address 214 South Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barbine.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5-5- *Years,* 5 *Months,* 14 *Days.*

Color,

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wortemberg, Germany.

Duration of Residence in the City of Baltimore, 44 years.

Place of Death, {Give street and number.} S. W. Cor Charles & Henrietta.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Valvular Disease (Heart.

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, Feb 15th 1877

Undertaker, C. F. Krause

Place of Business, Hanover St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 15660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Rice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 4 Webster Near Rutrobe

Cause of Death, {First (Primary,) Bronchial Catarrh / Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 15 th

Undertaker, H. C. Weidefeld

Place of Business, 70 Greenmount Av

Jno. Knott Dy 6 *M. D.*
Medical Attendant.

Address 160 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 15th Feb

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Grier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty two *Years,* *Months,* *Days.*

Color, White *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Virginia

Duration of Residence in the City of Baltimore, Sixty one years.

Place of Death, {Give street and number.} 119 E. Exeter St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 16th 1877

{*Undertaker,* John H. Weaver

{*Place of Business,* #22 W. Fayette St

Nicholas L Cashill M. D.
Medical Attendant.

Address 207 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Alvin Chalvens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 3 *Months,* ___ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ___

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Prestman & Gilmer

Cause of Death, {First (Primary,) Mal-Nutrition} {Second (Immediate,) Gastric Catahrr}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Feb-15-

Undertaker, C H Blizzard

Place of Business, 201 Pratt

Thos. S. Latimer M.D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Goss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Loudoun Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 317 Howard St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 16

Undertaker, Hurd

Place of Business, 180 West St

R. M. Hall *M. D.*,
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 15664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 13th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Nelson

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } New York

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } 52 Walsh St

Cause of Death, { First (Primary,) Paralysis

Second (Immediate,) 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 16th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Felix Jenkins M. D.
Medical Attendant.

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th Feb 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Feldner

~~Sex,~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 19 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Chesterfield

Cause of Death, {First (Primary,) Diphtheria scarlatina / Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Mount Carmel

Date of Burial, Feb 16/77

{*Undertaker,* Ch Keerney / *Place of Business,* 136 Fayette

Address 24 E. Baltimore

Matthews M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Dunnigan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* – *Months,* – *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sea faring man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} Little Gough St.

Cause of Death, First (Primary,) Organic Disease of Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, about 1 Month,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 16th 1877

Undertaker, James O Byrne

Place of Business, No 63 ½ Front St

Thos H Stokes. M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb 14 Th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Sheran

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, 10 Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Boltimore. —

Place of Death, {Give street and number.} 84 East Madison St—

Cause of Death, {First (Primary,) Capillary Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician

Place of Burial, Md Cathedral Cemetery

Date of Burial, Feb 15th 1877

Undertaker, James D Byrne

Place of Business. No 63 N Front St

Wilmer Brinton M. D.
Medical Attendant.

Address # 25½ Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Conts Tucker

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} # 387 Wilkins St

Cause of Death, First (Primary,) Inflamation Meningitis

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Eastern Shore M.D

Date of Burial, Feb 16th 1877

Geo H. Taylor M. D.
Medical Attendant.

Undertaker, Jos W. Lorne

Place of Business, 669 W Balto St *Address* #1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit ~~1876~~ 1877 }181

E T Y ▲ F I L M

...Board of Health, City of Baltimore.

Permit No. 15669 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. & Dorathea Helwing

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Jackson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all its Life

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 16 1877

Undertaker, A. Hofman

Place of Business, Eden St

James A Steuart M. D. Medical Attendant

Address Commiss Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Midwife

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 15670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb- 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Burrow

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} Parish Alley No 1- Balto

Cause of Death, {First (Primary,) Convulsion; Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 16th 77

{*Undertaker,* Wm H King &

Place of Business, 101 Pratt

L. G. Sparrow M. D.
Medical Attendant.

Address Cor- Stricker St &
Patterson Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1677

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hall

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Donohues Court No. 7 Fells Point

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Same as birth

Cause of Death, {First (Primary,) From fall on head

Second (Immediate,) Convulsions

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, 5th German Rd St. Paul

Date of Burial, Feb 15th 1877

Undertaker, H. Eschlich

Place of Business, 216 Eastern Ave

R W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Emilia Birkefield~~ Balto Feb 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Emilia Birkefield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* fourteen *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Corner Elliott & Patapsco Streets

Cause of Death, First (Primary,) Spasms.

Second (Immediate,) "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feb 16th 1877

Undertaker, H. Troehlich

Place of Business, 246 Eastern Av

A. Schwartz M. D.
Medical Attendant.

Address 44 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimor

Permit No. 15673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schaefer,

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 1 Year *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 342 S. Sharp St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb. 16. 1877.

Undertaker, Chas Roesing

Place of Business. 136. E. Payson

Rig. H. Tall, M. D.
Medical Attendant.

Address 15 E. S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15674 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jane R. Crist.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 5. *Months,* 10 *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dressmaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fredrick Co. Md.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number.} Pratt st. 2nd door east of Mount.

Cause of Death, {First (Primary.) Pheumoniae / Second (Immediate.) Typhoid. "

Duration of Last Sickness, 9. days.

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem.

Date of Burial, Feb 16th

L. C. Horn M. D.
Medical Attendant.

{ *Undertaker,* Wm M Leonard & Son.
{ *Place of Business,* 782 Baltimore

Address No 226. Mulberry st. Near G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Addison Bailey.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 8 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Cross St.

Cause of Death, {First (Primary,) Morbid Dentition

Second (Immediate,) Meningitis.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Feb. 17th 1877

Undertaker, Charles R. Herrold

Place of Business, 161 Hanover St

R. J. H. Tall *M. D.*
Medical Attendant.

Address 158 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bauer.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoe Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Rrsidence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 217 N. Regester St.

Cause of Death, { First (Primary,) Phthisis. Second (Immediate,)

Durntion of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Buried, St Mathews Burial Ground

Date of Buried, Feb 16 th 1877

Nicholas L. Bochert *M. D.*
Medical Attendant.

{ *Undertaker,* A. Bruce
{ *Place of Business,* 282 Thirteenth *Address* 217 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877

Date of Death, February 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline H. Gittlinger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ Eleven *Months,* Twenty Seven *Days.* 27

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 5 Saratoga St

Cause of Death, { First (Primary,) Catarrh / Second (Immediate.) }

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Tomorrow at 3 Oclock

Undertaker, Chas. Paul Keller

Place of Business, 162 Harrison Street.

Geo. Glover M. D.
Medical Attendant.

Address 205 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimor[illegible]

Permit No. 15678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Date of Death, 15 Feb 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph M. Eadlen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 19 months ~~Years~~, *Months,* *Days.*

Color, Red

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 20 Jenkins alley

Cause of Death, {First (Primary.) Bronchitis / Second (Immediate.)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ca Federal Cemetery

Date of Burial, Feb 16 1877

Undertaker, B H Chase

Place of Business, No 198 Howard st

G. L Tanahill M. D.
Medical Attendant.

Address 129 N Bridal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February - 14 - 1877 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Winder - " -

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or ~~Female~~

Age, - 64 - *Years,* *Months,* *Days.*

Color, - Negro - *Sex,* Male -

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, - Laborer -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Middlesex Co - Virginia -

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 22 Rice St -

Cause of Death, { First (Primary,) - Diabetis Mellitis -
{ Second (Immediate,)

Duration of Last Sickness, about one year and a half -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 77

Undertaker, [illegible]

Place of Business, [illegible]

W. A. B. Sellman M. D.
Medical Attendant.

Address Cor Laurale St and Carrollton Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. J. Griffin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, Mulatto

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 182 Howard St.

Cause of Death, {First (Primary,) Tubercular Meningitis

{Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall *M. D.*

Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Henry Doager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cigar-packer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Goettingen & Hanover, Germany

Duration of Residence in the City of Baltimore, ~~X~~ 34 years

Place of Death, {Give street and number.} 331. E. Monument St

Cause of Death, {First (Primary,) Congestion of liver
Second (Immediate.) Typhoid fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel cemetery H. A. McManus M. D.
Medical Attendant.

Date of Burial, Febry 17th 1877

Undertaker, Geo. Heck *Address* 71 Franklin St or

Place of Business, 249 Aliy Amst formerly 248 Eden St N. W. Cor Lombard St & Bdway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Leach

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, About 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co., Md.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No. 336 E. Chase St

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Cardiac Asthma

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Feb 17 77

Undertaker, Cundiff

Place of Business, 541 Broadway

W. W. White, M. D.
Medical Attendant.

Address 1701 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ore, City of Baltimore

No. 15683 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. F Patricia Stein Parents

Sex, ~~Male or Female~~; {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 11 hours *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 149 Eastern ave

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 16 "1877

Undertaker, Thos. Stein

Place of Business, 149 Eastern Ave

Jas A Steuart M. D.

Address Commrs of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas Stein Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicing who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1897 BALTIMORE

Date of Death, Febry 15th 1897.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Stek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, *Months,* 8 mos *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 E. Chase St.

Cause of Death, First (Primary,) Congenital malformation

Second (Immediate,) Atelectasis pneu

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febry. 16th 1897

Undertaker, John A. Stein

Place of Business, 248 E. Chase

Address 19 S. Sharp St

Fitz Hugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Willie Emory

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} # 5 Scott Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, 16th of February

L. Shelton Hill M. D.
Medical Attendant.

Undertaker, Peter Kunnecht

Place of Business, No 317 Mulberry St. *Address* # 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a lnst illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Schuckells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 McCracken

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 18th 1877

{*Undertaker,* Jacob Weaver / *Place of Business,* Nos 4 & 6 Druid Hill Ave}

C Winslow M. D.
Medical Attendant.

Address 20 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Cert. No. 15687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby — 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Ostermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany — Abt 20 yrs

Duration of Residence in the City of Baltimore, About 20 yrs —

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Old age

Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Ashbourne

Date of Burial, Feb. 16th

Undertaker, H Baugmann

Place of Business, Clay St. 95.

Chas L Cowley M. D.
Medical Attendant.

Address 988 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15888

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emelia Lehman

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 3 Pleasant alley

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 3 Pleasant alley

Cause of Death, {First (Primary.) Means / Second (Immediate.) convulsions}

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cty

Date of Burial, February 16th

Undertaker, H. Frohlich

Place of Business, 246 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 15689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1937 BALTIMORE

Date of Death, Feb. 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrika Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wurtemburg, Germany, about 14 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bartlett St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, about one Month.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter, County

Date of Burial, Feby. 16th

J. D. White M. D.
Medical Attendant.

Undertaker, Feaney

Place of Business, *Address* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15690 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Date of Death, February 14th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kelly.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White. *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 339 Penn. ave.

Cause of Death, First (Primary,) Scarlet fever.

Second (Immediate,)

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 16

Albert Stephens, M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av Address No 30. N. Carroll Co. ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

Date of Death, Feb 15th, 1877,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McPhail,

Sex, Male or Female, {Cross out the word not required in this line.} male,

Age, 68 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, Civil Engineer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 322 N. Carrollton Av.

Cause of Death, {First (Primary,) Second (Immediate,)} Grneral Debility, Consumption.

Duration of Last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, February 17th, 1877

{*Undertaker,* Wm. B. Pickman

{*Place of Business,* 234 E. Pratt St.

W. P. Morgan M. D.
Medical Attendant.

Address 173 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore.

No. 15694 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Date of Death, Feb 15 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna M. Gerhardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* 10 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 17 Years

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} Bel Air avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 18 1877

Undertaker, Geo L Schultz

Place of Business,

James A Steuart M. D.

Address Commissioners of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Date of Death, Feby 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 191 N Carrollton Ave.

Cause of Death, {First (Primary,) / Second (Immediate.)} Scalatina Maligna

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Feb 15th 1877

Undertaker, John S Wurscher

Place of Business, 190 Camden st — *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 15694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freda Henry Stump

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 West. Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 1 day.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 18th 1877

R. J. H. Tull M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts. *Address* 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Form No. 5695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janie, ...ewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 176 N Front St

Cause of Death, {First (Primary.) Accidental} {Second (Immediate.) Burning}

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 17 1877

Undertaker, James S Byrne

Place of Business, No 63 N Front St

Edmund Wrae M. D.
Medical Attendant.

Address Corner ... & ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5796

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 17 1877 BALTIMORE

Date of Death, Feb 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jacob Pierce.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 23. *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chestertown Kent Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} N° 24 Little Monument st

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Chester Town Md

Date of Burial, Feb 17th 1877

Undertaker, Jacob Frazier

Place of Business, Druid Hill Av

L. C. Horn M. D.
Medical Attendant.

Address N° 226. Mulberry st.
per S. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when [redacted] case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 682)

[OVER.]

ard of Health, City of Baltimore,

Permit No. 15697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT [illegible] 17 1877 BALTIMORE

Date of Death, Feby 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Büttner,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 153 Hamburg St.

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 18th of Feby

{*Undertaker,* [illegible]

{*Place of Business,* 35 S. Eutaw St

R. J. McTall M.D.
Medical Attendant.

Address 157 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

Date of Death, February 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Bushman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 74 Park St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 21 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 19 1877

Geo. L. Bauer M. D.
Medical Attendant.

Undertaker, Henry Thyer

Place of Business, 100 N. Howard St. *Address* 2588 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15699 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Alden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 219 E. Baltimore St

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Gastric irritation.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 17th 2 P.M.

W. R. Hoey M. D.
Medical Attendant.

Undertaker, Reed Hall

Place of Business, 233 E. Balto St *Address* 32 & 34 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

Date of Death, Feb 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Ulrich,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 7 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single,

Occupation, Nothing,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, 3 to weeks,

Place of Death, {Give street and number.} Maternite 163 N Gaulard,

Cause of Death, First (Primary,) Puerperal fever,

Second (Immediate,) Apnoea,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery. *Wm* Roles, M. D.

Date of Burial, Feb 17th 1877. Medical Attendant.

Undertaker, C. Lor. Koenig. *Address* 163 N. Gaulard.

Place of Business, 136 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

Date of Death, February 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Josephine Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 887 N. Broadway

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,) about three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 17th 1877

{*Undertaker,* J. B. Cook

{*Place of Business.* Balto St

W. R. McKnew M. D.
Medical Attendant.

Address 582 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Feb 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Howard Cramwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 S. Carey st.

Cause of Death, {First (Primary,) Measles
{Second (Immediate.) Capilary Bronchitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 18/77

{*Undertaker,* Thos Godey & Son
{*Place of Business,* 41 Hanover St

F. F. Benson M. D.
Medical Attendant.

Address 187 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

No. 15703 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 23 yrs

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 366 Oakland St

Cause of Death, {First (Primary.) old age

{Second (Immediate.) senile decay

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem'y

Date of Burial, Feb 18 1877

Undertaker, F. X. Troll

Place of Business, 90 S. Howard St

James A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...oard of Health, City of Baltimore,

...ial No. 15714 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie B Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 16 N. Broadway

Cause of Death, {First (Primary,) Second (Immediate,)} Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Feb 19th 1877.

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I L

...Board of Health, City of Baltimore,

No. 15705 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Grace Lashley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ft. Wayne Ind.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give street and number. } 217 Adams St.

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) Inanition

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 18th 1877

Undertaker, [illegible]

Place of Business, 10 W. Pratt. *Address* 584 W. Baltimore St.

J. C. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, their [illegible] name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

...Board of Health, City of Baltimore,

No. 15706 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia A. Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Dead *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Paca. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lexington St

Cause of Death, {First (Primary,) Congestive Chill

Second (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 19th 1877

Undertaker, J. B. Cook

Place of Business, 707 N. Paca St

J. G. Lintner M. D.
Medical Attendant.

Address 884 W. Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

No. 1507 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Helen Fennaman,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 917 W Baltimore St.

Cause of Death, {First (Primary,) Metritis

{Second, (Immediate,) Pyaemia and Phlebitis.

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician

Place of Burial, St Peters cemetery

Date of Burial, Feb 19th 1877

Undertaker, J B Cook

Place of Business, No 707 W Bal street

W. H. Keyser M. D.
Medical Attendant.

Address S W Cor Fayette & Calhoun sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah B. Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (37) Thirty Seven *Years,* Four (4) *Months,* - *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 8 Vincent Alley

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Winfield Carroll Co

Date of Burial, Feb 17th

Undertaker, Wm H Leonard & Son

Place of Business, 782 W^t Balto

C. C. McDowell *M. D.*
Medical Attendant.

Address 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 684

[OVER.]

...Board of Health, City of Baltimore,

No. 18709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17 " 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Elenora Sackett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Peach alley

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Catarrh in head

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 17 " 1877

{*Undertaker,* Michael Perry / *Place of Business,* 448 W. Pratt St

James A Steuart M. D.
~~Medical Attendant~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rosetta Bales

[OVER.]

...oard of Health, City of Baltimore,

...mit No. 15710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Ub

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* 21. *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 24 Dover St. B.C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Dover St. B C.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon park

Date of Burial, February 18 1877

Undertaker, J. Pentlow

Place of Business, 42 & Frederick Ave

H. W. Webner *M. D.*
Medical Attendant.

Address 582 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

No. 1571 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Buckey Bailey Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Church St

Cause of Death, {First (Primary,) Congenital malnutrition

{Second (Immediate,) Emaciation

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Sharps St Cem

Date of Burial, Feb 17th 1877

Undertaker, Hercules Rodg

Place of Business, West St

James A Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

oard of Health, City of Baltimore,

Permit No. 15712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1877 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Rogers.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 25 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 Mulberry St.

Cause of Death, {First (Primary,)} Measles.

{Second (Immediate,)} Pneumonia.

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Feb 18th

{*Undertaker,* Jos Lowe

{*Place of Business,* 568 Balto st

R. J. H. Tull M. D.
Medical Attendant.

Address 15 E. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 17 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Sept

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August W. Quast.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 164 Essex St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 19th 1877

Undertaker, Wm. H. Holman

Place of Business, 2340 E. Gay St.

Address 57 Aliceanna St.

Clayton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July. 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Louisa Merryman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, About 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Lady -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co. Md.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 173 Mc Culloh St.

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Inanitus

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 18th 1877

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Avenue

I. D. Thomson M. D.
Medical Attendant.

Address 248 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

ask Dr. cancer of bkt? go

[OVER.

Board of Health, City of Baltimore,

Permit No. 15715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
17
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 Feb

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 6 Ivy Alley

Cause of Death, {First (Primary,) Dropsy.

{Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetry

Date of Burial, Febury the 18. 1877

{*Undertaker,* Wm P Gray

{*Place of Business,* 65 Mulberry

H. F. Garey M. D.
Medical Attendant.

Address 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15716 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno F. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 103 Wilcom al

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levant Cemetery

Date of Burial, 18 Feb 77

Undertaker, J. F. Chase

Place of Business, 118 Broadway

R. Lee M. D.
Medical Attendant.

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

No. 15717 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Athman

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 244 N. Central Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 17th 1877

Undertaker, Henry Hoeck

Place of Business, Cutral Ave

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th Feb. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herbert Hillary Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 87 Booth st.

Cause of Death, { First (Primary,) Measles. Second (Immediate,) Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Feb. 18, 1877

Undertaker, J. B. Blackistone

Place of Business, 606 Bath st

F. F. Benson M. D.
Medical Attendant.

Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents} Nelson Coyle Binns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 119 Montgomery

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, four days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 18th 1877

Undertaker, Armstrong & Denny

Place of Business, 265 Light St

J. W. Webster M. D.
Medical Attendant.

Address 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Jane Johnson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, Transient.

Place of Death, {Give street and number.} 194 George St.

Cause of Death, {First (Primary,) Scarlatina Anginosa.

{Second (Immediate,) Ulceration of Pharynx &c

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 18.

Undertaker, C W Blizzard

Place of Business, 207 Lexington

Thos D Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick George Hinckle.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Parkin.

Cause of Death, { First (Primary,) Scarlatina
{ Second (Immediate,) Hydrothorax.

Duration of Last Sickness, Since 24th January.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Feb 18th

Edward K. Ward M. D.
Medical Attendant.

{ *Undertaker,* Peter Kummert
{ *Place of Business,* No 317 Mulberry st *Address* 242 W. Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Riggin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 9 days.

Place of Death, {Give street and number.} 256 Eutaw St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 18th 1877

Undertaker, Michael Purdy

Place of Business, 448 W Balto St *Address* 412 N Augusta St

P Cronin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

No. 15723 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Carson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 407 McHenry St -

Cause of Death, {First (Primary,) Diarhoea - Second (Immediate,) Congestion of Brain -

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 18th 1877

Undertaker, J. B. Cook

Place of Business, 11. Balto St

Wm. I. Kegeris M.D.
Medical Attendant

Address S W Cor Fayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Whitfield Kennard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* six *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 35- City Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 30 Eastern Ave

Cause of Death, { First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Wm. Aliquot

Date of Burial, Feb. 20th

{ *Undertaker,* M. Funk

{ *Place of Business,* No. 35 Bank St.

J. C. Ireland M. D.
Medical Attendant.
Coroner E. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15,720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Schrader

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* Fifteen *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } No 212 E. Eager Street

Cause of Death, { First (Primary,) Bronchitis Capillaris / Second (Immediate,) Collapsus Pulmonum

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, Feb 19th 1877

Undertaker, H. Hook

Place of Business, 309 W. Conway St. *Address* 29 S. Sharp St

J. W. Schuer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 17 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 17. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Louis Ekhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 500 E. Fayette St

Cause of Death, {First (Primary,) measles
Second (Immediate,) Capillary Bronchitis
12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Febr 19th 1877

{*Undertaker,* Henry Gorter
Place of Business, 262 Caton Av. *Address*

G. Liebmann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

...nt No. 15727 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1877 BALTIMORE

Date of Death, 17 February 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura V. Nicholson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, { Give street and number. } 34 Eastern Ave

Cause of Death, { First (Primary,) Cerebral Softening / Second (Immediate,) Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Grd

Date of Burial, 18th Feb Green & Fayette 1877

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St Address

Chr. Van Bibber M. D. for W. C. Van Bibber M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Hodgens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} No 4 West Fall avenue

Cause of Death, {First (Primary,) Fall / Second (Immediate,) Probably Softening of brain.

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cemetery

Date of Burial, Aug 14th 1877

Undertaker, Jas P Byrne

Place of Business, 63 Front

Geo A Reynolds *M. D.*
Medical Attendant.

Address 34 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

No. 15729 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenge Göerke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months,* 17 *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 423 Light St

Cause of Death, {First (Primary,) Sc. Second (Immediate,) Spontaneous Gangrene of foot

Duration of Last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 19th 1877

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover Street *Address*

L Deusau M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15730

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Katie Smith Fillinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 7 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 298 Madison St.

Cause of Death, {First (Primary.) Tuberculous meningitis

Second (Immediate.) Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feby. 18. 1877

{*Undertaker,* M. A. Daigon

{*Place of Business,* 74 S. Broadway

Marbury Brewer *M. D.*

Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Cd *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} No. 8 Watson's Ct.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Wm. T. Lockwood M. D.

Date of Burial, Feb. 19th 1877 Medical Attendant.

Undertaker, H. Chalmer

Place of Business, Pennsylvania Ave Address Balto. Low & Wash Liberty & Fayette Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Howard Chenn.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all of his life

Place of Death, {Give street and number.} 365 Park Avenue.

Cause of Death, {First (Primary,) Pistol shot by accident through
Second (Immediate,) the right eye into the brain.

Duration of Last Sickness, nearly five days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *Dr.* W. T. Howard M. D.
Medical Attendant.

Date of Burial, Feb 20 " 1877

{*Undertaker,* Geo. W. Spence *Address* 181 Madison Av.
{*Place of Business,* 206 Forrest St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarissa Mortinette Elaison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* Twenty Eight *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} Court near Hoffman st (East)

Cause of Death, {First (Primary,) / Second (Immediate,)} Capillary Bronchitis

Duration of Last Sickness, Five week.

All the above information should be furnished by the Physician.

Place of Burial, Baltima Comty

Date of Burial, 19 of Feb

Chas B Keigler M. D.
Medical Attendant.

Undertaker, Adam Smith

Place of Business, 461 Pratt ~~St~~ *Address* 575 N. Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sherwood.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 7 Orleans St.

Cause of Death, First (Primary,) Uterine Cancer

Second (Immediate.)

Duration of Last Sickness, 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 20th 1877

H. J. Reynolds M. D.

Medical Attendant.

Undertaker, John S. Weaver

Place of Business, # 22 W. Fayette St.

Address 186 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Feb. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Wroth

Sex, Male ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 8 *Years,* 3 *Months,* 10 *Days.*

Color, —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give street and number.} 139 West Biddle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Malignant carbuncle and Erysipelas

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 20th 1877

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

G. L. Tanyhill M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

15736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet E. Miskelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 38 Chesnut St

Cause of Death, {First (Primary,) Carcinoma Uteri
Second (Immediate.) Asthenia &c.

Duration of Last Sickness, Began as Epithelioma several years ago.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ce

Date of Burial, Feb 22d 1877 D Webster Bothell M. D.
Medical Attendant.

Undertaker, Henry Woelpf

Place of Business, 3 & 5 W Centre St *Address* 142 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

1737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...n who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 16 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 399 E. Lombard St.

Cause of Death, {First (Primary,) Scarlatina & Malignant} {Second (Immediate,) Convulsions}

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 19 1877

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto. St.

H. Tolmerille, Jr. M. D.
Medical Attendant.

Address Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

5738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...sent, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 Feb. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Imber

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life's Time

Place of Death, {Give street and number.} 16 Lemmerton

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Marasmus}

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cemetery

Date of Burial, February the 26th

Undertaker, George Schultheis

Place of Business, 186 South Bond St

Address 248 E. Baltimore

J. Tubbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kazwell D Sindell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 7 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Bank st

Cause of Death, {First (Primary,) Catillary Bronchitis

Second (Immediate,) 12 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 19th 1877

Undertaker, John L Thacher

Place of Business, No 150 Camden st

D H Conley M. D.
Medical Attendant.

Address 76 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

15740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Darby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 1 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Williamson Alley

Cause of Death, {First (Primary,) ... Cold — Second (Immediate,) Catarrh on the Breast

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 19 1877

Undertaker, Michael Darby

Place of Business, Pratt St

James A Clark M.D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Darby Father

[OVER]

K SAFETY

Board of Health, City of Baltimore,

No. 15741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, February 18, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Rebsamen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 406 N. Eden St

Cause of Death, {First (Primary,) Chronic Bronchitis. Second (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician

Place of Burial, St Patricks Cemetery

Date of Burial, Feby 20th 1877

Undertaker, Haughey & Leo

Place of Business, 65 S Broadway *Address*

J. J. Kent *M. D.*
Medical Attendant.

406 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

15742 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Willard.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Columbia Pa.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No. 97 Division St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Apnaea

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn N.Y. *Charles A. Geiger* M. D.

Date of Burial, Feb 19th 1877 Medical Attendant.

Undertaker, Jacob Weade *Address* No. 267 Druid Hill Ave.

Place of Business, Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 685)

Board of Health, City of Baltimore,

No. 15743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, February 18,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Summerville

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 18 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 156. S Eutaw St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 19th 77

Undertaker, J. Davis

Place of Business, 103 Lee St

Theodore Orth M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Friday 17th 1877 Sept.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter K. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 9 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Block & Pump Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Delaware

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 2d n. E. Caroline St

Cause of Death, {First (Primary,) Phthisis Pulmon

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery J. R. McManus M. D.

Date of Burial, Sept 19th 76 Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St Address 71. Franklin St. or N. W. cor Lombard & Bdway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Infant~~ Gustav Dayton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 15 Days.

Color, Sex, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belair Road near Washington Av.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} Belair Road near Washington Av.

Cause of Death, {First (Primary,) Haemorrhagic measles
Second (Immediate,)

Duration of Last Sickness, 14 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John Morris M. D.
Medical Attendant.

Date of Burial, July 19 1877

{*Undertaker,* Mr Mooney
Place of Business, 136 E Fayette Address No. 5, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15746

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, Feb 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 20 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and number.} 20 Wilcox St

Cause of Death, First (Primary,) Hydrocephalo

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feb 19 - 1877

Undertaker, John J Rodenmaier *Address* 134 N High St

Place of Business, Cor Greenmount Ave & Monument St

H. H. Coyne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15747

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 19 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. H. Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Hillen st

Cause of Death, {First (Primary,) Diphtheritic Croup
Second (Immediate.)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 20 - 1877

Undertaker, John F. Rodemeyer *Address*

Place of Business, Cor Lemmont ave & Hemmont St

S. F. Hagner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Schuchman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 150 East St

Cause of Death, First (Primary,) Pneumonia accompanying Rubeola.

Second (Immediate,) Apnea

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 77

Undertaker, Geo. Schilling

Place of Business, Undertaker & Monumentist

D. Webster Cathell M. D.
Medical Attendant.

Address 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Februar 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 103 Sarahann pl

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, Ten mths

All the above information should be furnished by the Physician.

Place of Burial, Mt. P. Cemetery

Date of Burial, Feb. 19th 1877

Albert Stapleton M. D.
Medical Attendant.

Undertaker, P. Kinnamon

Place of Business, 21 Baltimore St. *Address* Northern Liberties

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, February 18th 6 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Duer.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* Eight *Months,* 0 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 40 Howard Street

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give street and number.} 88 Pearl St

Cause of Death, First (Primary,) Anginia Membranea.

Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Ft Hoffmans Cemetery

Date of Burial, 20 Feb. John J. Fitz. M. D.

Medical Attendant.

Undertaker, L. Zimmerl

Place of Business, 317 Mulberry *Address* 77 N. Eutaw 18 Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15757

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Shorf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Maryland

Duration of Residence in the City of Baltimore, 12 Years,

Place of Death, {Give street and number.} 119. N Dallas st

Cause of Death, {First (Primary.) Consumption

{Second (Immediate.) Anhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 19th 1877

Undertaker, Wallace & Lauer

Place of Business, No 107 East St.

J. Blue M. D.
Medical Attendant.

Address 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, Feb 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Julia Denby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West River Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 12 Brewers alley

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) 7 days

Duration of Last Sickness, 10 days,

All the above information should be furnished by the Physician

Place of Burial, New Sharp St Cemetery

Date of Burial, Feb 20 1877

Undertaker, John C Gordon

Place of Business, 63 East ave

Geo L Rice M. D.

Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15753 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, Feb 18- 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 y *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna Ave- Balto Co,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Parish Asst

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 2 - days

All the above information should be furnished by the Physician.

Place of Burial, New Shurpst Cemetry

Date of Burial, Feb 19 1877.

Undertaker, John Johdon

Place of Business, 63 Park ave

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

No. 15754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, Feb 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonso Lamar

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 52 Green Willow st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthma, caused by Heart disease.

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 19th 1877

Undertaker, [illegible]

Place of Business, [illegible]

Geo C Ogle Coroner, M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of H[illegible]

No. 15755 OFFICE OF REGISTRAR OF VITAL ST[illegible]

[illegible]sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson Mother

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Josephine St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Unknown

Duration of Last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, H-Pub Cemetery

Date of Burial, Feb 19 1877

Undertaker, M. H. C. Perkins

Place of Business, Pratt St

Samuel Clemm M. D.

Address Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Jefferson [OVER.]

Board of Health, City of Baltimore,

No. 15756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1877 17 Feb. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Hentze

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 297 N. Central Ave

Cause of Death, {First (Primary,) Old age, Asthma / Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, February 20 1877

Undertaker, Henry Koch

Place of Business, 307 E. Baltimore St. *Address*

J. Flathes M. D.
Medical Attendant.
247 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Blist.

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, × *Years,* 3 *Months,* × *Days.*

Color, W. *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Jefferson St.

Cause of Death, { First (Primary,) Inanition.
Second (Immediate,)

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

H. T. Reynolds M. D.
Medical Attendant.

{ *Undertaker,* [illegible]
{ *Place of Business,* [illegible] *Address* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maude Hawkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* seven *Months,* — *Days.*

Color, Yellow *Sex,*

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} Cor. Franklin & Slate Sts.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Croup

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Feb. 21st 1877

F. B. Gardner M. D.

Medical Attendant.

Undertaker, Wm. P. Lyon

Place of Business, 65 Mulberry St

Address 121 Mulberry st. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

Date of Death, Feb. 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Booth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During what life

Place of Death, {Give street and number.} 342 Penna. Avenue

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Asthenia & Paralysis

Duration of Last Sickness, A. Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 20th 1877

E. E. Mullikin M. D.
Medical Attendant.

{*Undertaker,* John A. Weaver

{*Place of Business,* # 23 W. Fayette St *Address* 298 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1576 0

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca High

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Stennis Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Epilepsy

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 20th 1877

Undertaker, Jas P Byrne

Place of Business, 7 Front St

James A Stewart M. D.

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

No. 15761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Feby 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Sutton

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Aged Womens Home

Cause of Death, { First (Primary,) Chronic Gastritis / Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 19 77

Undertaker, { *Place of Business,* } W. M. Jenkins & Son 16 Light St

Geo H. Lyster M. D.
Medical Attendant.

Address #1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Carrie Warfield.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Lemon st.

Cause of Death, First (Primary,) Laryngitis.

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feby 21st 1877

Undertaker, Peter J. Mecker

Place of Business, 132 Granby St

Albert Stephens. *M. D.*

Medical Attendant.

Address 30 N. Carrollton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 15763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Harman.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. since b.

Place of Death, {Give street and number.} 37 N. Amity.

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 20

Wilson M. D.
Medical Attendant.

Undertaker, H B Cook

Place of Business, 701 W. Pratt St Baltimore *Address* 398 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 15744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

Date of Death, February 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* 1 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 163 Jefferson St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Depression

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, In E. G. Child Road

Date of Burial, Feb 20 1877

Undertaker, Murphy

Place of Business, 540 Broadway

L. Lawson Hill M. D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

Date of Death, February 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cami Davis Runk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 15 Penn st

Cause of Death, {First (Primary,) Tubercular Consumption

{Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 19 1877

Undertaker, John B Locke

Place of Business, 702 Pratt St

Wm. G. Runk M. D.
Medical Attendant.

Address Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...t No. 15766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...LTH DEPARTMENT
FEB 1877
...LTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Evans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 9 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 31 Vincent St

Cause of Death, { First (Primary,) Measles / Second (Immediate.) Convulsions

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Death,* Feb 21st 1877

Date of Burial, Feb 21st 1877 *Medical Attendant.* M. D.

Undertaker, Wm James Grey.

Place of Business, 65 Mulberry St *Address* 645 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 18 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sara Gibney~~ Feb. 18. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Gibney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 320 N. Howard St

Cause of Death, {First (Primary.) Phthisis — Second (Immediate,)}

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 20th 1877

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave

G L Tansyhill M. D.
Medical Attendant.

Address 129 W Fredale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 15768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2nd mo 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary A. W. Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 54 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 235 N Carrollton Avenue

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 20th 1877

{*Undertaker,* Hughes

{*Place of Business,* 830 Fayette St

Wm Kelly M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine DeLisle

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 47 Years

Place of Death, {Give street and number.} 18 Ridgley St

Cause of Death, {First (Primary.) Rheumatism or Phlegmon

Second (Immediate,) Collapse

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, Thursday, Feb. 22nd

Undertaker, Philip J. Dill

Place of Business 183 Columbia Ave

C. W. Colburn M. D.
Medical Attendant.

Address 69 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Orbanna Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine (9) months

Place of Death, {Give street and number.} 119 N. Gay Street

Cause of Death, First (Primary,) Bronchitis & Pneumonia

Second (Immediate.) Pulmonary Collapse

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, Febr. the 20th

Wm Eldau M. D.
Medical Attendant.

Undertaker, Wm Eldau

Place of Business, 119 N. Gay St. *Address* 29 South Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,	2 mo 19 " 1877
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents}	John Hagerty
Sex, Male or Female, {Cross out the word not required in this line.}	male
Age,	77 Years, Months, Days.
Color,	White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Married.
Occupation,	Collector
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	New York.
Duration of Residence in the City of Baltimore,	60 years
Place of Death, {Give street and number.}	402 Lexington St
Cause of Death, {First (Primary,) / Second (Immediate,)}	Angina Pectoris
Duration of Last Sickness,	about 18 months

All the above information should be furnished by the Physician.

Place of Burial,	Green Mount Cemetery
Date of Burial,	February 21st 1877
Undertaker,	Thos S. Hughes
Place of Business,	#60 E. Baltimore St

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Sand Methard

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester County, Pennsylvania

Duration of Residence in the City of Baltimore, 37 years in or near the City

Place of Death, {Give street and number.} 152 Bolton Street

Cause of Death, {First (Primary,) Mitral Disease of the Heart

{Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Graveyard

Date of Burial, February 21st 1877

Dr Casey Thomas, *M. D.*
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* Nos 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fuller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 24 years in U. States

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Corner of Frederick Ave & Pigeon St

Cause of Death, {First (Primary,) Obstruction Pulmonic,
Second (Immediate,) Two Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Luth Saint Johns Cemetery

Date of Burial, Feb 20 1877

Herman Lippitt, M. D.
Medical Attendant.

{*Undertaker,* John. P. Rhodes *Address* 70 Courtland St.
{*Place of Business.* No 66 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Maguire

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Thirty three *Years,* ——— *Months,* ——— *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} 550 N Gay St.

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County *Medical Attendant.* Shadaud M. D.

Date of Burial, Feb 21 '77 Coroner E. D.

{*Undertaker,* J. Schnader
{*Place of Business,* 522 N. Gay St *Address* 522 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Westrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 5 *Months,* 19 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 108 S. Sharp & Franklin Sts.

Cause of Death, {First (Primary,) Malignant Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, N. Alphonsus Cemetery

Date of Burial, February 21st 1877

Undertaker, J. Rummel

Place of Business, 111. Baltimore St

DR. J. H. SMITH. FEB 19 1877 BALTIMORE, MD.

M. D. Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

Permit No. 15776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of Feb. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Leyhe

~~Sex.~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 320 E. Monument

Cause of Death, First (Primary,) Phthisis Tubercular

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, Febr. 21. 1877.

Undertaker, H. Hofmann.

Place of Business, 63 N. Edon St, *Address* 240 E. Balto

F. Flathes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 20 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Evans.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 years. *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, House work.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County. Maryland.

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, {Give street and number.} No 487 Lexington St.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Senile Pneumonia.

Duration of Last Sickness, about 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Christ Church Cemetery

Date of Burial, Feby 20

Wm Evan Bibben M. D.
Medical Attendant.

Undertaker, H Borgman

Place of Business, Clay Wolf 43 *Address* 49. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Ringold.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, —.

Place of Death, {Give street and number.} No 2. Ex. Alley.

Cause of Death, {First (Primary,). Laryngitis. Second (Immediate,) Apnoea.

Duration of Last Sickness,: 3 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 21

Undertaker, Reuel S Ross

Place of Business, 180 West Balt St

M. L. Mitchell M. D.
Medical Attendant.

Address Cor. Charles & Barre & 137 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hoffish

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 2 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 381 S Charles Street

Cause of Death, First (Primary,) Measles

Second (Immediate,) Bronchitis capillaris

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21 February

Undertaker, Charles F. Herold

Place of Business, 161 Hanover Street

L F Reinhardt M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ease, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...ALTH DEPART... 1877 ...BALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma C. Gibmeyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty One *Years,* Four *Months,* Six *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 341 Canton Ave

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Feb 28 Wilkins Cushing M. D.

Medical Attendant.

Undertaker, H. A. Gibmeyer

Place of Business, 341 Canton Ave *Address* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Hegyguard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 2 9 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Arums court

Cause of Death, {First (Primary,) measles

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 21st 1877

{*Undertaker,* Thomas Denny

{*Place of Business,* 263 Jefferson

H W Webster M. D.
Medical Attendant.

Address 57 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Martha Steinmetz.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 5 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 10 Loudon near Eutaw St.

Cause of Death, First (Primary,) Scarlet.

Second (Immediate,) Dysentery.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, February 21st 1877.

Edwd. Luther M. D.
Medical Attendant.

Undertaker, Chas. Rosenberg

Place of Business, 136 E. Fayette *Address* No 12 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15783

HEALTH DEPARTMENT FEB 15 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto Md.

Duration of Residence in the City of Baltimore. 3 Years 15 Days.

Place of Death, {Give street and number.} 69 Bond St.

Cause of Death, {First (Primary,) Spasms. Second (Immediate,)

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16

Undertaker, S B Cook

Place of Business, 707 West Baltimore St

H. A. Spear *M. D.*
Medical Attendant.

Address 319 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Crew

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 11 *Years,* 11 *Months,* 2 *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 231 Hamburg

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Two ~~weeks~~ weeks

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 /77

Undertaker, C. E. Chase

Place of Business, 41 Shamrock st

W. C. Knowles M. D.
Medical Attendant.

Address 53 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15785 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B Ridgway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Ridgway court

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Stomach

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 20 1877

Undertaker, Duff & Mase

Place of Business, 198 Broadway

H. H. Webber M. D.
Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1911

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Ferguson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 86 *Years,* *Months,* *Days.*

Color, black *Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow.

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Maryland.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 203 Little Hughes St

Cause of Death, First (Primary,) Old Age

Second (immediate,) Marasmus & debility.

Duration of Last Sickness, ~~1 year~~ Several Years

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 11

Undertaker, J. H. Grace

Place of Business, 21 Greenmount Av

Wm. Dodge M. D.
Medical Attendant.

Address 201 Hanover St Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1578 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE.

Date of Death, February 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Jane Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ten *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~136 York Street~~ Baltimore City

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} 136 York Street

Cause of Death, {First (Primary,) Tubercular Meningitis

{Second (Immediate,) Convulsions

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 77

Levin A. Dyer *M. D.*
Medical Attendant.

{*Undertaker,* S. Emmert Whaas

{*Place of Business,* 191 S. Howard St Address 146 Hill Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...previously marked to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Helen Wright. Child

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 3 *Years,* 9 *Months,* 15 *Days.*

Color, Light Brown *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, { Give street and number. } 71 Duncan Alley.

Cause of Death, { First (Primary,) Bilious Intermittent Fever. / Second (Immediate,) Congestion Spinal Meningitis & Convulsions.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 21 1877

E. W. Gordon *M. D.*
Medical Attendant.

Undertaker, Thos M Scott

Place of Business, 21 S. Wolf *Address* 166 William St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, Febr. 20th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Posh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 93 S. Gilmor

Cause of Death, {First (Primary,) Premature birth / Second (Immediate,) Prostration

Duration of Last Sickness, ____

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemetery

Date of Burial, 21 Feb.

Undertaker, S. Kimmel

Place of Business, 314 Mulberry

Louis Ch Dunn M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Leignist

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 968 S. John St

Cause of Death, First (Primary,) Measles Malignant

Second (Immediate,) Theruption receding & attacking the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 5th Lutheran Reformed Cemetery John H. Conner M. D.

Date of Burial, February 21st 1877 Medical Attendant.

Undertaker, H Fischlich

Place of Business, 246 Eastern Av Address 286 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} P. E. O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age,) *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. 16 months

Place of Death, {Give street and number.} 30 S. Calvert

Cause of Death, {First (Primary.) Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, February 21st

Undertaker, J. B. Cook

Place of Business, N. Baltimore St. *Address* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, February 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Wilcox st

Cause of Death, {First (Primary,) ... Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 24 st.

Undertaker, H. C. Weidefeld

Place of Business, 90 Greenmount Av

Jn Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, Feby 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor L. Mears

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 357 N Bond St

Cause of Death, {First (Primary,) Second (Immediate,)} Intussusception Duration

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 22 - 1877

Undertaker, John I Perdemayer

Place of Business, Cor Greenmount Ave & Monument St

I H Talbert M. D.
Medical Attendant.

Address 28 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, February 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst Kaste

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 64 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No 302 S Sharp St

Cause of Death, First (Primary,) Cirhosis of Liver

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md

Date of Burial, Feb 22d 1877

Undertaker, Julius Kaehler

Place of Business, Cor Sharp & Cross sts

J. C. Burch M. D.

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Stewart Dunlop

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 51 N Eden St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 51 N Eden St

Cause of Death, First (Primary,) Inflammation Bowels,

Second (Immediate,) Effusion on Brain

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 22nd 1877

Undertaker, Wm. R. Richman

Place of Business, 284 N. Gay St.

J R Hudson *M. D.*
Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, Feb 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Hennige

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 N. Exeter St Baltimore

Cause of Death, {First (Primary,) Hydrocephalus chron.
Second (Immediate,)}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 22

Undertaker, John Deufel

Place of Business, No. 27 n. Front *Address*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, February 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Rich

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 751 East St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Necrosis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edward P. McDevitt M. D.

Date of Burial, Feb 21 1877 Medical Attendant.

Undertaker, Wm A Dunger

Place of Business, 104 East St Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on PACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 15798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested o to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 21 1877 BALTIMORE

Date of Death, Feb 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 63 Walon St

Cause of Death, {First (Primary.) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1877

J. D. Gross M. D.
Medical Attendant.

{*Undertaker,* Wm A Dangle
Place of Business, No 104 Eutaw St. *Address* 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, February 20. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Quinta

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, Feb 21st 1877.

Undertaker, C. Sullivan

Place of Business, 211 Aisquith St.

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 158111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 21 1877 BALTIMORE

Date of Death, Feb 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bickelhaupt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Dairy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 45 yrs America

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} Hospital

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Chas. Walters M. D.

Date of Burial, Feb 20th 77 Medical Attendant.

Undertaker, Michael Frana

Place of Business, No 230 Canton Ave. *Address* 185 E Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

Date of Death, February 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel McAbby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} #2, Baltimore Alley

Cause of Death, {First (Primary,) Dropsy

{Second (Immediate,) 1

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co

Date of Burial, Feb 22nd 1877

Geo. W. Couch *M. D.*
Medical Attendant.

{*Undertaker,* I. I. Chatham *Address* 671 Cons 1
{*Place of Business,* Penn. Ave. Cit 1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Stonebraker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Dealer in Medicines

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington Co. Md

Duration of Residence in the City of Baltimore, years

Place of Death, { Give street and number. } 299 West Lombard St

Cause of Death, { First (Primary,) } { Second (Immediate,) } Disease of the Heart

Duration of Last Sickness, Since February 5th

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md. D. Edward R. Hard M. D.

Date of Burial, Feb. 22nd 1877 Medical Attendant.

Undertaker, F. N. Troll *Address* 242 W. Lombard St

Place of Business, 90. S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 688

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 15803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Hospital, City~~ Feb 20. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 25 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number.} 55 Shotwell alley

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 77

Undertaker, [illegible] Thomas

Place of Business, 1986 Inwood

H W Webner *M. D.*

Medical Attendant.

Address 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ly attended to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Queen.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* ... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 36 Hill St.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) ...

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 77

Undertaker, Emanuel W. Thomas

Place of Business, 478 Monument

J. M. White M.D.
Medical Attendant.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th Feb. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Heinrich Lenert.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } No 4 Lansing Court near High St.

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria.

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 22 d

Robt. Sutton, *M. D.*
Medical Attendant.

Undertaker, H. Funk

Place of Business, No 35 Bank St *Address* N. E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thirsa Schnee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil Co Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 128 West St

Cause of Death, First (Primary,) Childbed

Second (Immediate,) Septicemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 23 1877

Undertaker, C F Krause

Place of Business, 209 Hanover st

D L Hellman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE

Date of Death, Feb. 20th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Pullen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va.

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, {Give street and number.} 29 N. Chapel St.

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)} & Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Methodist Home

Date of Burial, Feb 22th 1877

Undertaker, A. Kähler

Place of Business, 244 E. Pomland st

C. Glanville, Mack M. D.
Medical Attendant.

Address Balt & Park. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. FEB 22 1877 BALTIMORE

Date of Death, 18th Feb 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer L. Ward Death

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 418 Hill St Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 418 Hill St

Cause of Death, {First (Primary,) Pithenia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, St. Mary's Co. Md. | Jos. H. Gerard *M. D.*

Date of Burial, Feb. 23 & 1877 | Medical Attendant.

Undertaker, Armstrong & Dinn | *Address* 414 Hanover St

Place of Business, # 263 Light St | City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 190

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Linton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 55 N. Bond St.

Cause of Death, {First (Primary,) Consumption 6 mos

{Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 23

Undertaker, Wm Ling

Place of Business, 54 N Broadway *Address*

L. McAllister M. D.
Medical Attendant.

J. E. Baltzell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15810

HEALTH DEPARTMENT 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ruleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} So 7 Greenmount Ave

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 23-77

Wm Whitridge M. D.
Medical Attendant.

{ *Undertaker,* John I Rodeman & Co
{ *Place of Business,* Cor Greenmount Ave & Monument St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 15811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 22
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 9 P.M. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman W. Schmittke

Sex, Male or Female, {Cross out the word not required in this line.} male - Schmittker

Age, — *Years,* 3 — *Months,* 27 — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} - Balto City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 173 n Eden al -

Cause of Death, First (Primary,) Pneumonia 7 days

Second (Immediate,) do - + Spasms -

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Lutheran Cemetery

Date of Burial, Feb 23 d

Undertaker, Geo Schilling

Place of Business, Risgnit & Monuments

M. D.
Medical Attendant.

Address 86 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Board of Health, City of Baltimore,

Permit No. 1581/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Oystersman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and number.} S. Bethel 2d 63.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.) Exhaustion.

Duration of Last Sickness, 8 Month.

All the above information should be furnished by the Physician.

Place of Burial, Dallas Lem

Date of Burial, 27 Feb 1877

Undertaker, Jones & Locke

Place of Business, 59 S Wolf St

John D Lord M. D.
Medical Attendant.

Address 76 Co Lough & Edwards

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} Widower

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknow

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 33 Jew alley —

Cause of Death, {First (Primary,) Phthisis Pulmonal —
Second (Immediate,) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury E Ground

Date of Burial, Feb 23 1877

Undertaker, John H Locke

Place of Business, Wolf St

Jas H Steuart M. D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Zacariah Robertson [OVER.]
Nephew

Board of Health, City of Baltimore,

Permit No. 15814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Mary Hoffman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* Ten 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 200 S. Paca St.

Cause of Death, { First (Primary.) Pneumonia / Second (Immediate.) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 23th 1877

{ *Undertaker,* Adolius Koehler / *Place of Business,* 600 Sharp & Lee St. *Address* }

S Knabe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Apy.

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 49 Yrs *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Vapourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 184 Pierce St.

Cause of Death, First (Primary,) Former attacks of

Second (Immediate,) Apoplexy.

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feb. 23rd

W. P. Moyon M. D.
Medical Attendant.

Undertaker, Peter Kummett

Place of Business, 317 Mulberry St. *Address* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21 st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Greenebaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} 34 South Sharp Street

Cause of Death, First (Primary,) Carcinoma ventriculi et Catarrhus vesicae (Chronica

Second (Immediate.) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cemetery

Date of Burial, Feby. 23

S M Eduer M. D.
Medical Attendant.

Undertaker, A Hollander & Sons

Place of Business, 22 N. Pratt St. *Address* 29 South Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia Childs.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 6. *Months,* 5. *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 156 Georg St.

Cause of Death, {First (Primary,) Pheumonica. Second (Immediate,) Menegitis

Duration of Last Sickness, 9. days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 23rd 1877

Undertaker, [illegible]

Place of Business, 271 N. Eutaw st

L. C. Horn. M. D.
Medical Attendant.

Address No. 226. Mulberry st.
per. G. W. K.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd mo 22d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Natalie

Sex, Male or Female, {Cross out the word not required in this line.} female,

Age, 60 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore,

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 47 South Sharp St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 25th 1877

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw st

Wm Kibby M. D.

Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Myers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 8 *Months,* 12 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Westmoreland Co Va

Duration of Residence in the City of Baltimore. Thirty eight years

Place of Death, {Give street and number.} N.E. Corner Bond & John Sts

Cause of Death, {First (Primary,) Chronic Diarrhoea

{Second (Immediate,) Anemia

Duration of Last Sickness, For years

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23 1877

Undertaker, Thos S Hughes

Place of Business, 60 E Balto

A Hartman M. D.
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15820 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~William Thomas~~ Adolphe & Abbey Brown } Twins } Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one *Days*

Color, White *Sex,* Females

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 219 Pearce st

Cause of Death, { First (Primary,) ..... Second (Immediate,) lived one day

Duration of Last Sickness, They were about 7 months Children and

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, February 23 1877 D. P. Hoffman M. D.
Medical Attendant.

Undertaker, Chas P. Scriven Address

Place of Business, 2711 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolphi & Abbey Brown Parents (Twin)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 219 Pierce St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Feb 23d 1877

Undertaker, C. T. Scriven

Place of Business, Eutaw St

Address N. Fayette St

S. P. Hoffman M.D.
Medical Attendant.
Mother

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Dr. Hoffman gave only 1 Certificate

No. 15820

Board of Health, City of Baltimore,

Permit No. 15822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Upshaw

Sex, Male or Female, {Cross out the word not required in this line.} Female Upshaw

Age, 2 — Years, 1 — Months, 13 — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, child

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Roalls City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 97 E. Pratt St

Cause of Death, {First (Primary,) Scarlet Fever. Second (Immediate,) malignan. Scarl fever

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23d

Undertaker, Wm H. Hackman

Place of Business, 26 Bank St

C. D. Bohn M. D.
Medical Attendant.

Address 86 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Weimer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 950 E. Lombard

Cause of Death, {First (Primary,) marasmus

{Second (Immediate,)

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St Alysonsus Cem

Date of Burial, Feb 23rd 1877

E. L. Daniel M. D.
Medical Attendant.

Undertaker, A Möhlen

Place of Business 244 E Lombard

Address 247 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Johnstone, col

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 11 Boulden Alley

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) Exposure to cold
four Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23rd 1877

{*Undertaker,* Wm James Gray
Place of Business, 65 Mulberry St.

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Vargas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 44 Biddle alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, 2 Months,

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Feb 22 nd

Undertaker, H H & Perry

Place of Business, 448 W Pratt st

Geo C Ogle Coroner M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 38 *Years,* 11 *Months,* 15 *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Peach Alley 45

Cause of Death, First (Primary,) Have not seen him for about 2 months

Second (Immediate,) General Debility & wasting

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, February 23rd

Undertaker, J Davis

Place of Business, 103 Lee St

Wm G Rowley M. D.
Medical Attendant.

Address 55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Matilda Boyer, [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, { Give street and number. } 67 N Bond St

Cause of Death, { First (Primary,) Dentition / Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 25 1877

Undertaker, W H Craig

Place of Business, 74 N Bond St

Dr A Silsbarger M. D.
Medical Attendant.

Address 1 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22° 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert B Berg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty Nine *Years,* Eleven *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Mustrow Mecklenburg Schwerin Gy. 20 Years,

Duration of Residence in the City of Baltimore, Seventeen years.

Place of Death, {Give street and number.} N 491 Franklin

Cause of Death, {First (Primary.) Bright's disease of Kidneys

Second (Immediate,) Internal Hemmitage

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemty

Date of Burial, Twenty fourth

{*Undertaker,* Jno Schultheis

Place of Business, 159½ Eutaw St

F F Shotard *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Fifer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 439 East Chase

Cause of Death, {First (Primary,) Measles

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, Feb. 24th 1877

Undertaker, John L Rodemeyer

Place of Business, Cor Dummat Ave & Monument St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it ~~further~~ enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Joyce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* . *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 37 Lemon St

Cause of Death, {First (Primary,) Vascular Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 25

Undertaker, J W Cook

Place of Business, 707 10 St Baltimore

Edwd L. Michaelsand M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1583/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of l. w.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E. Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, (3) Three - *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 26 Welcome Alley

Cause of Death, {First (Primary,) Exposure / Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1877

J. A. Bell M. D.
Medical Attendant.

Undertaker, S. Wagner

Place of Business, 198 Howard Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Hitchcock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 109 Bat. Ave.

Cause of Death, First (Primary.) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetary

Date of Burial, 23 Feb 1877

Undertaker, Armstrong & Denny

Place of Business, 269 Light St

J. E. Hannyton M. D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 178 S. Ann St.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three (3) Days

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 23

Undertaker, Wendelin Dippel

Place of Business, South Bond st 151

G. L. Wilkins M.D.
Medical Attendant.

Address 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) convulsion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 24th February 1877

Mabury Brewer M. D.
Medical Attendant.

Undertaker, George Saffron

Place of Business, 201 N. Biddle St.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15835 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Moran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 Y. *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hat maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 9 Fish Market Space

Cause of Death, First (Primary.) old age

Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 23 d 1877

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

Edmund K Walker *M. D.*
Medical Attendant.

Address Corner Pr & F

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* ~~About~~ 5 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore,~~ House 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Sha[illegible] when adm[illegible]ed

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 24 1877

Undertaker, Jamie Brown

Place of Business, 556 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1583 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie H. Robinson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} Asylum Hospital Church

Cause of Death, {First (Primary.) Consumption of the Lungs

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 24 1877

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

J. W. Nicholson M. D.
Medical Attendant.

Address 12 W. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22/877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Ethelle Food

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Born & built

Place of Death, {Give street and number.} 158 Eastaw St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 23rd 1877

{*Undertaker,* Jacob Weaver
Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 44 Eastaw St

Chas. Stuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Affrica Ball,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 71 *Years.* *Months.* *Days.*

Color, Col'd *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line} married

Occupation, Other

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, (illegible) about

Place of Death, {Give street and number.} 55 Harrison alley

Cause of Death, First (Primary) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Feb 25th

J. Donaldson M. D.
Medical Attendant.

Undertaker, J C Jadore

Place of Business, 65 Jackson *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 23 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Brosius.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59. *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} France.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} N. 26. Patron st.

Cause of Death, {First (Primary.) Hydrocele. / Second (Immediate.)}

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician

Place of Burial, Loudan park

Date of Burial, Febry 25 1877

Undertaker, Bennett & Co.

Place of Business, 364 Pa ave

L. C. Horn M.D.
Medical Attendant.

Address N° 226. Mulberry st
per E. N. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Brun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt

Duration of Residence in the City of Baltimore. 2 yrs

Place of Death, {Give street and number.} Cor Penna & Balto St

Cause of Death, {First (Primary.) Second (Immediate.)} Heart Disease / Hives

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, February 23rd 1877

Undertaker, John H. Weaver

Place of Business, 22 W. Fayette St

J. H. Walton M. D.
Medical Attendant

Address 23 Frank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 158442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1877 BALTIMORE

Date of Death, Feb 22 or 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Seven Months, twelve Days.

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Douglas No 8

Cause of Death, First (Primary,) Catarrh delayed

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, 23 Feb 1877

Undertaker, John Hooks

Place of Business, 515 W Pratt St

E. E. Balentine M. D.
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 15843 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE

Date of Death, Feb 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Ulrich

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 2 *Months,* 6 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 10 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 246 E. Eager St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 24 1887

Undertaker, Henry Hoeck

Place of Business, Central Ave

James A Steuart M. D.
Medical Examiner

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in ~~cases of births~~ and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Peter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 18 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 246 Chase St

Cause of Death, First (Primary,) Suppuration of Ear

Second (Immediate,) Brain Trouble, Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cem.

Date of Burial, 24th February

Undertaker, Adam Fink

Place of Business, 161 N. Gay St.

Abram Arnold M. D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15845 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

Date of Death, February 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Belle Opie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 28 *Years.* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Staunton Va

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} 396 W. Fayette

Cause of Death, First (Primary,) Suppurative Metritis

Second (Immediate,) Peritonitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Staunton Va

Date of Burial, Feb 24th 1877

Undertaker, Hughes & Co

Place of Business, 830 Fayette St. *Address*

Thomas Opie M. D.
396 W Fayette
Medical Attendant.

Jno S Latimer M.D.
248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 693

[OVER.

Board of Health, City of Baltimore,

Permit No. 15846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Jane Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Yonkers New York

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Shelter St No 2

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Hebb Cemetery

Date of Burial, Feb 24 1877

E. E. Jordan M. D.
Medical Attendant.

Undertaker, Crafty

Place of Business, 54 N Broadway, *Address* 54 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

F E T Y F I L

Board of Health, City of Baltimore,

Permit No. 15847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Edward Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicott City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 1122 E Lanvale St

Cause of Death, {First (Primary,) Scarlatina} {Second (Immediate,) Anasarca}

Duration of Last Sickness, 5 Week

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, Feb 23 d

{*Undertaker,* H Boyle

{*Place of Business,* Fennett St 81

Thos H Dawson M. D.
Medical Attendant.

Address 1124 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sunset 6914

[OVER.]

K O D A K S A

Board of Health, City of Baltimore,

Permit No. 15848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22d 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rose

Sex, Male or Female, { Cross out the word not required in this line. }

Age, sixty four Years, ten Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty three year

Place of Death, { Give street and number. } 23 N. Caroline St.

Cause of Death, { First (Primary,) Exhaustion

Second (Immediate,) Cirrhosis Liver

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. No 2 Mc Collum's Alley

Date of Burial, Feb. 25. 3 o'C. P.M.

Geo. L. Keidel M. D.
Medical Attendant.

Undertaker, Ernst Burkhard

Place of Business, 27 Mc Collum's Alley Address 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. " 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert W. Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 9 Years, — Months, 6 — Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 342 N. Sticker St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 342 N. Sticker St

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 5. days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 25th 1877

Undertaker, Jos Logan

Place of Business, 568 W. Balto St

G. W. Annis M. D.
Medical Attendant.

Address Cor Sticker & Pratt sts

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

Date of Death, ... Feby 22 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... Elizabeth Bryan

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ..... Queen Anne Co Md

Duration of Residence in the City of Baltimore. ..... Twenty years

Place of Death, { Give street and number. } ..... 310 Stricker St Balto

Cause of Death, { First (Primary,) ..... Second (Immediate,) ..... Old age

Duration of Last Sickness, ... 10 days Month

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 24th 1877

Undertaker, J. G. Loane

Place of Business, 568 W. Balto St

..... M. D.
Medical Attendant.

Address 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

Date of Death, Feby 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlin Elizabeth Carll

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* Twenty Six *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 123 W. Pratt Str.

Cause of Death, { First (Primary,) Pertusis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Jno. G. Holliday M. D.

Date of Burial, Febery 24th Medical Attendant.

{ *Undertaker,* J B Cook

{ *Place of Business,* 1670 W. Baltimore Street *Address* Carroll P.O., Balto. Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda M. Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 92 Saratoga St.

Cause of Death, {First (Primary,) Removal of fibro-

{Second (Immediate,) cystic tumor of the uterus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Portsmouth Va

Date of Burial, Feb 27 1877

W. T. Howard M. D.
Medical Attendant.

{*Undertaker,* Stewart & Worden

{*Place of Business,*

Address 181 Md. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 695

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15853 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ira Bickett Mantz

Sex, ~~Male or Female~~ male, {Cross out the word not required in this line.}

Age, Years, 15 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 204 Bank St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Feb 23 1877

Undertaker, Wm Mosher

Place of Business, 150 Canton

W. H. Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15854

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 d. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank H. Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 3 Months, 1 3 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Va.

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 92 E Arch

Cause of Death, First (Primary,) Carbuncle Malignant

Second (Immediate.) Pyaemia.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henry Cemetery

Date of Burial, Feb. 24. 97

Undertaker, Geo Lafferman

Place of Business, 121 Eden Ave.

Geo A Adkins M. D.

Medical Attendant.

Address 523 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22d of Feb. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* 1 *Days.*

Color, Whig

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 91 E. Lexington

Cause of Death, {First (Primary,) Pthisis tuberculosa

{Second (Immediate,) Hemorrhage

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 23d '77

Undertaker, M. Francis *Address* 248 E. Balto

Place of Business, 212 220 Eastern Ave

J. Statter M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 minutes of 9 o'clock on 22 nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Cathrine Richardson

~~*Sex, Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 53 N. Eden Street

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, [redacted] Cemetery

Date of Burial, Feb 24th 1877

Undertaker, Ky H. Mears

Place of Business, 46 N Gay st

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 of Feb. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hicks

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 S. Chapel Street

Cause of Death, {First (Primary,) Eclampsia Puerperum

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb 24th 1877

{*Undertaker,* H Frechlich

{*Place of Business,* 246 Eastern Ave

Address 246 E. Baltimore St

J Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15858 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1897 BALTIMORE

Date of Death, Feb 22 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Tilbman Lewis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 16 ~~Days.~~

Color, BLK

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 94 S. Dallas Street

Cause of Death, {First (Primary,)} Mal nutrition

{Second (Immediate,)} Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Feb 24 1897

Undertaker, Geo T. Jones

Place of Business, 62 S. Dallas St

James A Steuart M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lear Walker Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15859.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, February 23 rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Kate May Sturgeon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Three *Months,* — 15 — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 71 Lancaster st

Cause of Death, {First (Primary,) Croup (Chronic)

{Second (Immediate,)} — Five days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, February 24th 1877

{*Undertaker,* John Schuck

{*Place of Business,* 265 Pleasant st

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, Feb. 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Burgess

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 362 N. Strieker St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pyaemia

Duration of Last Sickness, Thirty (30) days

All the above information should be furnished by the Physician.

Place of Burial, Kent Co. Md

Date of Burial, Feb 24th 1877

Undertaker, C. A. Blizard

Place of Business, Penn Ave

Wm W. Murray M. D.
Medical Attendant.

Address No. 10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Special)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Hester A. Morris

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Locust Point Balto. city

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} Same as birth

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Maligna

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 25th 1877

R. W. Mansfield M. D.
Medical Attendant.

{*Undertaker,* Leonhard Keirr
Place of Business, S. Bond Street near 25th} *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, 22nd February 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Wallenwald

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Heidenwald

Age, 52 = *Years,* *Months,* *Days.*

Color, White

Sex, Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany = 33 years.

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 249 Fremont St

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) General Debility

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cy

Date of Burial, Feby 25 77

Undertaker, Conrad & Heuer

Place of Business, 357 Park Ave *Address*

Henry Salzer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, Feby 24-77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Washington Fifer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4579 E. Chase St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, Feb 25 - 1877

Undertaker, John I Rodemeyer

Place of Business, cor Greenmount ave & Monument St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, Feb 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael J. Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 years *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Bar-tender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} No 15 Hanford Ave

Cause of Death, First (Primary,) Cirhosis of Liver

Second (Immediate,) Inanition

Duration of Last Sickness, Confined to the house for the past 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 24 1877

Wm Whitridge M. D.
Medical Attendant.

Undertaker, James, P, Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 15815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine McCann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Dr. Hashing ton & Pleasant Alley

Cause of Death, First (Primary,) Catharral Fever

Second (Immediate,)

Duration of Last Sickness, 10 Days.

All the above Information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, February 25th

Undertaker, W. A. Daigle

Place of Business, 74 S. Bond

James E. Donnelly M. D.
Medical Attendant.

Address 229 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thelma Love

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 729 Cross st

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlating Malig

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Feb. 25th 1877

Undertaker, Fredk. Todd

Place of Business, Howard st

D. L. Middleton M. D.
Medical Attendant.

Address 116 E. Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Baily Rigby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. 14 yrs

Place of Death, {Give street and number.} 16 Gilbert st.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 25. 77

{*Undertaker,* J. F. Shaw

{*Place of Business,* 93 N. Howard st

Louis McCastinaud *M. D.*
Medical Attendant.

Address 84 Saint Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis L. Maddux

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 7 *Months,* *Days.*

Color, Brown

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country and how long in the United States if of foreign birth} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 167 Cork st.

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, About Three weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Grove

Date of Burial, Feb. 24 77

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hare M. D.
Medical Attendant.

Address 266 Shaft

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, February 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susana Mayer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~88~~ 87 *Years,* 9. *Months,* 3 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 115 Hanover St

Cause of Death, {First (Primary.) Apoplexy

{Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. by Herdon Bros

Date of Burial, Feb 25th 1877

Undertaker, Thos. O. Murphy

Place of Business, 411 E. Balto

Address 146. Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, Feb. 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ross. W. Jordan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~

Place of Death, {Give street and number.} 134 N. High St

Cause of Death, First (Primary,) ~~

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb. 24th 1877

Undertaker, Wm. H. Hickman *Address*

Place of Business, 2340 E. Gay St.

S. F. Boyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Secret Jane Allen

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, Bright *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annarund County

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number. } No 17 Peach alley

Cause of Death, { First (Primary,) Consumption

Second (Immediate.) Four Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 25th 1877

Undertaker, E. L. Chalmers

Place of Business, Penna Ave

F. J. Shultz *M. D.*
Medical Attendant.

Address 260 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Josephine Kibble

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* 2 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 417 N Charles

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Feb 25th 1877

Undertaker, Chas H Elliott

Place of Business, 161 Hanover Street

Theodore Jos M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled up*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd Evans Augustus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single, Widow or Widower.* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 94 Eden al

Cause of Death, {First (Primary,) Congestion of the Brain / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 24th 1877

Chas Vaughan *M. D.*
Medical Attendant.

Undertaker, Wm James Son

Place of Business, 65 Mulberry St *Address* 846 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15874

OFFICE OF REGISTER OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Liza M Cauley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pleasant Ville Balt Co

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 76 Eastern Ave

Cause of Death, {First (Primary,) Congestion of Lungs

{Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landg. Md

Date of Burial, Feb 25th

Undertaker, Wm F. Dickner

Place of Business, 66 S. Eutaw St

Supd Entertion M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb; 22nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jr H Boyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 4 *Days.*

Color, black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 184 Hampstead Court

Cause of Death, {First (Primary,) ... Second (Immediate,) ...} Pneumonia

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Harrisburg Pa.

Date of Burial, February 24th 1877 E. Dr. Wibert M.D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave Address 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit-696)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15876 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} cor. Bond & Milliman

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr 25 1877

{*Undertaker,* Corey Stock

{*Place of Business,* 519 Central Ave

Abram B Arnold M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 1587 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Francis Kuhne

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* 16 *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} #80 Harford av

Cause of Death, {First (Primary,) acute Hydrocephalus - Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, St Paul Arkansas Center

Date of Burial, Feb 25 1877

A Hartman *M. D.*
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 30 Hanover st Address #305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Koffmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 895 W. Pratt st.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Apoplexy

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 26

Undertaker, J B Cook

Place of Business, 707 W Pratt

Samuel Enterline M. D.
Medical Attendant.

Address 582 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15879

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1877 February 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Orlando Robertson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kearsha City Kansas U.S. North America

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 394 W Lombard St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Exanition

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Jno D H Larkin M. D.

Date of Burial, Feby. 27 Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore *Address* No 761 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 409 Alice Anna St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Atrophy of Brain / Three months.

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, St. Alphons. Graveyard.

Date of Burial, Febr. 26th 1877

A. H. Erich *M. D.*
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Wolf *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 15881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hile

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 20 days.

Place of Death, {Give street and number.} Prot Instt Asylum

Cause of Death, {First (Primary,) Collapse of Lung

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 24

Undertaker, C. H. Blizzard

Place of Business, 201 Penn

C. F. Bryan M.D.
Medical Attendant.

Address 241 Lin[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 15882 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Murray.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maternité

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bost. Infl. Asylum

Cause of Death, First (Primary,) ... Mal nutrition & Pulm. collapse

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 24

Undertaker, ~~E W~~ Blizard

Place of Business, 201 Penn ave

C. F. Bryan M.D.
Medical Attendant.

Address 241 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 15883

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Flora Middlecough

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cor Gilmer & Prestman

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,) Sub-Acute Gastritis

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Londe Ave

Date of Burial, Feb 22

Undertaker, C H Bryson

Place of Business, 20½ Penna

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 15884 OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

Date of Death, February 23 18 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* Ten *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city. Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 874 Scott St

Cause of Death, First (Primary,) Exposure and Phthisis

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, About Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 23

Undertaker, Herbert Boy

Place of Business, 180 W. Pratt St

L. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15885 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

Date of Death, Feb. 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, house wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore 34 years

Place of Death, {Give street and number.} 24 S. Wolf St

Cause of Death, {First (Primary,) Organic Dis. of Heart and Emphysema
Second (Immediate,) Catarrh.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemy

Date of Burial, Feb 25th

Undertaker, H Dippel

Place of Business, 61 S Bond st.

A. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15886 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Date of Death, February 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie L Brooks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Sterling St.

Cause of Death, { First (Primary,) Catarrh

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Edward P Reese M. D.

Date of Burial, 25 Feb 2 O'clock Medical Attendant.

{ *Undertaker,* Geo. E Rodemayer

{ *Place of Business,* 38 Eutaw *Address* 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harrie Lee Saul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, Six 6 *Years,* four Months *Months,* twenty three *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bristol Tenn, Sullivan Co

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 727, West Balto St

Cause of Death, {First (Primary,) Consumption,
Second (Immediate,)

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 2[illegible]th

{*Undertaker,* J. D. Blackistone Son
Place of Business, 606 W. Balto. St. *Address*

T. J. Latimer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 15888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew W. Bennison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Publisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 249 N. Charles St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, Feb 26 1877

{*Undertaker,* H. W. Jenkins & Son

Place of Business, 16 Light St

E. W. Miller M. D.
Medical Attendant.

Address 121 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 15889

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Sullivan

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Leather Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 324 N Eutaw St

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Effusion Softening of

Duration of Last Sickness, About Ten Days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 26 1877

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

Chas A Doughorty M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15890 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 23d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie A. Coleman.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 8 *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 105 Leadenhall. St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 25. 1877

Undertaker, Jos Block

Place of Business, 107 West Bal[illegible]

R. J. H. Tall M. D.
Medical Attendant.

Address 158. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1589 1

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

Date of Death, Feb. 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mc[illegible] Mull

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} 268 E. Pratt

Cause of Death, {First (Primary.) Spasm

{Second (Immediate.)

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, Mountain Burying

Date of Burial, Feb. 26

Undertaker, H. Beck

Place of Business, Aisquith

Dr. J. Gary *M. D.*
Medical Attendant.

Address 9 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15892 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febrngry 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph C. Westrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2. *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 108 Franklin St.

Cause of Death, First (Primary,) Malignant

Second (Immediate,) Scarlatina

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

DR. J. H. SMITH. FEB 24 1877 BALTIMORE, MD.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Febr 25th 77

Undertaker, Peter Kemmerer

Place of Business, 317 Mulberry St

M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15893 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hesselbacker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 354 Fairmount St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Brain 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, February 26 1877

Undertaker, Henry Loeffler

Place of Business, 304 Central ave

Jno Brooke Boyle M. D.
Medical Attendant.

Address 416 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15894 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Annie Shea

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 39 E. Lord

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemt

Date of Burial, Feb 26th 77

Undertaker, H. McGibney

Place of Business, 341 Canton Ave.

Dr. J. ____ M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15895

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence H. Bauman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 2 *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penn

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 78 Forth

Cause of Death, {First (Primary,) Cold} {Second (Immediate,) Pneumonia}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb 26

Undertaker, Joseph B. Cook

Place of Business, 707 N Ball St

Thurlow Bond M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 698

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15896 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 12 years

Place of Death, {Give street and number.} 9 Mechanic Ln

Cause of Death, {First (Primary,) Pthisis

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Feb 25th 1877

{*Undertaker,* J B Cook

{*Place of Business* 1707 W. Baltimore Street

W L Spicer *M. D.*
Medical Attendant.

Address 394 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 15897

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

Date of Death, Feb 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jacobs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington Delaware

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 146 N Bethel st

Cause of Death, {First (Primary,) Cystitis / Second (Immediate,) Gastro Enteritis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 25th 1877.

Undertaker, G. W. Sachs

Place of Business, 09 S. Wolfe st

Wm L Rennes M. D.
Medical Attendant.

Address Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15898 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE FEB 25 1877

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Knowles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 426 E. Eager St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet fever.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Dolphin Mount Cemetery

Date of Burial, Feby 25th

Thomas Sears M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15899 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. P. Small.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 520 N. Eutaw st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon park.

Date of Burial, February 26th 77

{*Undertaker,* Chenowith & Co

{*Place of Business,* 364 Pa ave

J. N. Sutton M. D.
Medical Attendant.

Address 543 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15909 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th of February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schierholz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* Two *Months,* and Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 273 Cross St. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 273 Cross St.

Cause of Death, First (Primary,) Hooping cough

Second (Immediate,) — — —

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febuary 26th 1877

Undertaker, Chas. H. Heuisler

Place of Business, 161 Conway Street

Adolph Wiehn, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 15901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 26 1877 BALTIMORE

Date of Death, Feby 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bessie Pendleton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 81 Breton st

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 27th Feby 1877

F. E. Shatard Jr. M. D.
Medical Attendant.

Undertaker, Hyg. Jenkins & Son

Place of Business, 16 Light St. *Address* 111 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15912

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Augusta Gidwood

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 10 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Barbadoes W. I

Duration of Residence in the City of Baltimore, 15 mo —

Place of Death, { Give street and number. } 662 W. Fayette

Cause of Death, { First (Primary,) Diphtheria

{ Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Thomas Opie M. D.

Date of Burial February 26 1877 Medical Attendant.

{ *Undertaker,* James P. Byrne

{ *Place of Business,* No 63 N. Front St *Address* 396 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 87103 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 23d 1917

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Frances Sugrue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Madison near Ann St, N 385

Cause of Death, First (Primary,) Old age

Second (Immediate,) Measles

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Feby 23/17

Undertaker, Kieffer & Co

Place of Business, 65 S Broadway

A. F. Esich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 694

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18904

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

Date of Death, Feb 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mills Lane & 4

Cause of Death, {First (Primary,) ... Second (Immediate,) Scarlet Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, Feb 26 1877

Undertaker, Wm A Dingee

Place of Business, No 194 East

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15705 — Office of Registrar of Vital Statis

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

Date of Death, Feb. 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wiggins

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 10 *Months,* ... *Days.*

Color, Colored

Married, Single, ~~Widow~~ ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 215 Mulliken St

Cause of Death, {First (Primary.) Rheumatism / Second (Immediate.) Dropsy

Duration of Last Sickness, 6 Mon.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Com.

Date of Burial, Feb. 25 1877

Undertaker, John W. Locks

Place of Business, 59 S. Wolfe St.

James A Clem M. D.
Medical Attendant.

Address Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15906 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzy Sudbrink

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all to life

Place of Death, {Give street and number.} 9 Cemetary alley or Lane

Cause of Death, {First (Primary,) Marasmus — Infantile
Second (Immediate,) do

Duration of Last Sickness, all to life —

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27

Undertaker, Mr Rooney

Place of Business, 136 E Fayette

W A Bohn M. D.
Medical Attendant.

Address 84 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 15907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

Date of Death, Feby 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S Shriner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wash

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 22 yrs.

Place of Death, {Give street and number.} 292 E. Caroline

Cause of Death, {First (Primary,) / Second (Immediate,)} Enlargement of Heart 2 mos.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemet'y

Date of Burial, Feb 27. 1877.

Undertaker, Chas Rossing

Place of Business, 136 E Fayette

R W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 15918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Batchney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 24 Walker pl

Cause of Death, {First (Primary.) Phthisis pulm.
Second (Immediate.)}

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cimetry

Date of Burial, Feb 26

Undertaker, Andrew Farrell

Place of Business, 206 Columbia St

H. Ellers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 15919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnathan F Bott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven & three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, Forty-five years

Place of Death, {Give street and number} No 70 Union St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Lungs

Duration of Last Sickness, About two Weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetary

Date of Burial, Feb 27th 1877

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave

D. C. Reese M. D.
Medical Attendant.

Address 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 15910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alvanna K. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, , *Years,* one *Months,* 2 3/4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 540 - Penna Ave

Cause of Death, {First (Primary,) Pleurisy

Second (Immediate,)

Duration of Last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb 27th 1877

H. J. Couch M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* 104 & 6 Druid Hill Avenue *Address* Cor Carey & Lexington Sts (City)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 15911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peregrin Boyton,

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 5 Little Pierce St. Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 5 Little Pierce St. City

Cause of Death, { First (Primary,) Pneumonia Secondary

{ Second (Immediate,) Exhaustion Internal about 24 hours 8

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 27th 1877

{ *Undertaker,* John S Thacher

{ *Place of Business,* No 154 Canton *Address* 153 S. Paca St.

C. H. Johnson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Board of Health, City of Baltimore,

Permit No. 15912 — OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manon Harwood

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 161 E Lombard st

Cause of Death, {First (Primary,) Burn (Coal oil)
Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Week 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 26th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

D L C Winternitz M.D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15913 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariamna Staub

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two Years, one Months, eight Days.

Color, with *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 232 N. Charles St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Alleye

Cause of Death, {First (Primary,) Laryngitis

{Second (Immediate,)

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 27 th 1877

Undertaker, C F. Kraus

Place of Business, 209 Hanover st

Adolph Berlin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15914 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Lipps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His Whole Life

Place of Death, {Give street and number.} 634 N Baltimore St

Cause of Death, {First (Primary,) Scarlet fever

{Second (immediate,) do

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 27th 1877 W Hammond *M. D.*
Medical Attendant.

{*Undertaker,* Jas Lowe

{*Place of Business,* 18 568 W Balto St *Address* 53 N Paca Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 15915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
28
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence B. Mitchell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 686 W. Pratt St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Paralysis of Lungs}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, West Laurel Cem

Date of Burial, Feb 26

Undertaker, S B Cook

Place of Business, 707 W Pratt St Balto

W H Mebus *M. D.*
Medical Attendant.

Address 552 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 700

[OVER.]

F E T Y F I L

Board of Health, City of Baltimore,

Permit No. 15916

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Sinks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 40 S. Schroeder St.

Cause of Death, {First (Primary.) Second (Immediate,)} Phthisis.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, 27th Tuesday

Undertaker, J. B. Cook

Place of Business, 47 St. Baltimore St. *Address* 375 W. Pratt St.

H. L. Spicer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

...ard of Health, City of Baltimore,

Permit No. 15917

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henry Heritage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 8 *Months,* 20 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 94 S. Paca st

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 27 1877

{*Undertaker,* Geo Schulley / *Place of Business,* Dis't Mount st} *Address* Commiss of Health Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker [COR.]

...Board of Health, City of Baltimore,

Permit No. 15918

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Skardo

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* two *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 21 Barnes str

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Pneumonia

Duration of Last Sickness, five days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, 27 February

Undertaker, Adam Fenk

Place of Business. 161 N. Gay St

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

P. O'Mudermott M. D.
Medical Attendant.

Address 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15919 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie J Shinn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 188 Eutaw St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1877

Chas. Lemmon M. D.
Medical Attendant.

Undertaker, Wm H Langley

Place of Business, c/o 104 east st *Address* 59 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burinl, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whetner married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15920 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hosh Reason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queenstown Co,

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 5 McGaniels Ct

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E C Jordan M. D.

Date of Burial, Feb 26 1877 Medical Attendant.

Undertaker, Wm A Dunyee

Place of Business, No 104 East St. *Address* 134 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18721

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Garrett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot. Co. Md.

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} # 42. South. St.

Cause of Death, { First (Primary,) Senile debility
Second (Immediate,) Old. Age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, cedar green

Date of Burial, Feb 26 1877

Undertaker, Wm. A. Sunger

Place of Business, 1611 east st

W. B. O'Neill *M. D.*
Medical Attendant.

Address 236 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 15922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

Date of Death, Feb 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Reily

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 23 Lexington St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1877

Undertaker, Wm A Dunagan

Place of Business, No 104 east st

D. C. Donahue, M. D.
Medical Attendant.

Address 84 N Fifth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15923 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Date of Death, 25th Febr 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Ruppricht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 236 S. Eutaw St

Cause of Death, First (Primary,) Scarlet fever with Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, 27th Feby

Undertaker, C. H. Sechrist

Place of Business, 35 S. Eutaw St *Address*

G. E. Pape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 1592 4 — OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Katt,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Plum alley

Cause of Death, {First (Primary,) Pneumonic
Second (Immediate,) 3 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28

{*Undertaker,* Henry Brice
Place of Business, Hennitan 81

[Signature] M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Date of Death, Feby 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ch. Leib.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1. *Years,* 3. *Months,* 19. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2. Linden St.

Cause of Death, {First (Primary,) Capil. Bronchitis. Second (Immediate,) Exhaustion. Convulsions}

Duration of Last Sickness, 2 days. (24 hrs).

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Feb. 27th 1877

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

A. H. Barton M. D.
Medical Attendant.

Address 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Carroll

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* 11 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 Columbia

Cause of Death, {First (Primary,) Bright's Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Old Ward

Date of Burial, Feb 27th

Undertaker, H. J. Fickus

Place of Business, 65 S. Eutaw

J. H. P. Bates M. D.
Medical Attendant.

Address 73 E. Baltimore St.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Meillon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32. *Years,* 1. *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1035 N. Bath St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Feb 28th

{Undertaker, J T Poulee

{Place of Business, 66 Fredrick Ave

N. R. McKnew M. D.
Medical Attendant.

Address 582 N. Fayette St

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15928 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William ~~Clarke~~ Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Locust Point—

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} Cockrill Street, Locust Point

Cause of Death, {First (Primary,) Inflamation Bloods Poison &

{Second (Immediate,) Surgical Condition.

Duration of Last Sickness, Life time.

All the above information should be furnished by the Physician.

Place of Burial, Catholic cemetery

Date of Burial, Feb 27 77

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

E W Jenny M. D.
Medical Attendant.

Address Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15929 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. M. Hoofman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 3. *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 24 Abeys alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Scrofula

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park, Cem

Date of Burial, Feb 28 1877 Thos. Bond M. D.

Medical Attendant.

Undertaker, C F. Krause

Place of Business, 209 Hanover *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1877 BALTIMORE

Date of Death, Feb. 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa P. Harper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 N. Fulton Ave

Cause of Death, {First (Primary,) Diphtheria; Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, 28th Febry 1877

C. W. Wilkinson M. D.
Medical Attendant.

Undertaker, H. J. W. Jenkins & Son

Place of Business, 16 Light St. *Address* 124 W. Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 18951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FILED BALTIMORE

Date of Death, 26th February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 16 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 61 Bank st

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, ~~March~~ 1st 1877

Undertaker, A. M. Jenkins & Son

Place of Business, 16 Light St

H. W. Webster, M.D.
Medical Attendant.

Address 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15932

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Date of Death, Feby. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roland Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 233 Eut. Balt. St.

Cause of Death, {First (Primary,) Psoriasis; Second (Immediate,) Congestion of Lungs}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 1st, 1877

Undertaker, M. A. Daiger

Place of Business, 124 S. Bond

John F. Monmonier M. D.
Medical Attendant.

Address S. W. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15933 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Date of Death, 2 P. M. Feb. 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Lamdin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 247 E. Baltimore St.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Sinking Exhaustion

Duration of Last Sickness, Since February 5th 1877

All the above Information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, Feb 28

Undertaker, M. A. Major

Place of Business, 94 Balt

James E. Donnelly M. D.
Medical Attendant.

Address 211 E. Baltimore street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 15934

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED OCT 27 1877 BALTIMORE

Date of Death, Oct 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvinda McKnight

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 254 Light St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Tubercular Meningitis / 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 28 77

Undertaker, Armsworth & Denny

Place of Business, No 268 Light

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hamburg & Bern sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 15935

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} believed to be Virginia

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 220 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pleuro-Pneumonia

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 24th

Undertaker, M. H. & Perry

Place of Business, 448 West Pratt St

R. C. Lee M. D.

~~Medical Attendant~~ Coroner

M. W. Co.

Address Hanover & Barre sts

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

Date of Death, February 26th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cecelia Goff

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 157 S. Stricker Street

Cause of Death, {First (Primary,) ____ Second (Immediate.) Cyanosis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, H. Presbyterian Cemetery *Chas M Neff* *M. D.*
Medical Attendant.

Date of Burial, 27 Feb.

Undertaker, P. Kümmel *Address* 306 N. Eutaw St

Place of Business, 311 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Henry McKeldin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Glass blower

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore (md

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 391 Eutaw St

Cause of Death, { First (Primary,) Tumor of brain
{ Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem F. F. Miles

Date of Burial, Febr 28th 1877

M. D.
Medical Attendant.

{ *Undertaker,* Julius Koehler
{ *Place of Business,* Cor Sharp & Eager sts *Address* 27 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

Date of Death, February 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Norris Tyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Ten Months, Five Days.

Color, White

~~Married~~, Single, ~~Widow or Widowers~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 80 So Carey St

Cause of Death, {First (Primary.) Congestion of Brain

Second (Immediate,) Convulsion

Duration of Last Sickness, About Minutes

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 27th 77

{Undertaker, Thos C Haight

{Place of Business, 60 E Baltimore

A Hartman M. D.
Medical Attendant.

Address #305 N Carrollton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Koffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (11 yrs)

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} Hospital

Cause of Death, {First (Primary,) Consumption

{Second (Immediate.) Exhaustion

Duration of Last Sickness, about 4 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Feb 27th 1877

Undertaker, Sisler

Place of Business, Institute *Address* 188 W Cath St

Chas. Lockey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15940 6/11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Jane M. Coul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 73 years —

Place of Death, {Give street and number.} 228 Mulberry

Cause of Death, {First (Primary.) Valvular Disease of the Heart} {Second (Immediate.) Pneumonia}

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'tery

Date of Burial, February 28th 1877

Edwd F. Nicholson M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 15941 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 292 Eastern Ave,

Cause of Death, First (Primary,) Measles

Second (Immediate,) Erysipelas

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 28th 1877

Undertaker, H. Eschlife

Place of Business, 246 Eastern Ave,

James F. McShane M. D.
Medical Attendant.

Address 681 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 27th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Damer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 10 Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81. Pierce

Cause of Death, First (Primary,) Hooping cough.

Second (Immediate,) "

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, M. A. Johnsons Cemetery

Date of Burial, Feb 28th

Undertaker, Kimmel

Place of Business, 317 Mulberry

Louis (or) Horn M.D.
Medical Attendant.

Address 126 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15943 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Babcock

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Haven Conn

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 158 Lawrence st

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)}

Duration of Last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, [illegible] Feb 28

Undertaker, C. H. Blizzard

Place of Business, 201 Pine ave

E. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 159444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thadeus Madden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 51. Etting St.

Cause of Death, {First (Primary,) Scarlet. Fever
Second (Immediate,) " "

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28

Undertaker, C. H. Blizzard

Place of Business, 201 Bond ave

Hummer & Hoy M. D.
Medical Attendant.

Address 190 Pennsylvania ave
414 W. Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1874-85 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saliza Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, Col'd *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Rich Court.

Cause of Death, {First (Primary,) Retro Typhoides

{Second (Immediate,) Abscess

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28 1877

{*Undertaker,* John Gordon

{*Place of Business,* 43 Park ave

A. Tinsley M. D.
Medical Attendant.

Address 454 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie M Derry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* 8 *Months,* *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Two years & 8 months

Place of Death, {Give street and number.} 267 Walsh st

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate.) meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lonsdale

Date of Burial, March 1

Undertaker, J H Bahnes

Place of Business, 262 Fort Ave

C H Fisher M. D.
Medical Attendant.

Address Cor Dolphin & Ray

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
28
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Lynch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* *Days.*

Color, Wh. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 14 Bolton alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea Mrs. J. Lockwood

Date of Burial, Febr 28 1877 M. D.

Medical Attendant.

Undertaker, C. H. Blizzard *Address* Balto. Cor. Dirk

Place of Business, Penn Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gilmore

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 15 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Aisquith St

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, February 28th 1877

Undertaker, F. F. Namuth

Place of Business, Saratoga St

Chas O'Donnell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Feb 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, eight *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} N. H. Home's Asylum Central Ave.

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb. 28. 1877

Undertaker, Geo. Hook

Place of Business, 39 Central Ave.

John D. Hammond M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 27-'77-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Koehler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City-

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 536 W. Balto. St-

Cause of Death, {First (Primary.) "Scarlet fever"

{Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. Cem-

Date of Burial, Feby. 28 - 1877

Undertaker, Adam. Werdemyi

Place of Business, 20 S 7 8/2 W. Balto-

Samuel T. Knight- M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I L

Board of Health, City of Baltimore,

Permit No. 15951

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

Date of Death, Feb 26. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary M. Agnew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 52 Lawn Street.

Cause of Death, {First (Primary,) Pneumonia} {Second (Immediate,) Asthenia}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, Feb 28 1877

Undertaker, James, P Byrne

Place of Business, No 63 N Howard St

Marbury Brewer M. D.
Medical Attendant.

Address 701 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S A

Board of Health, City of Baltimore,

Permit No. 18782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Frew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Forrest & Chase St.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Mch 28 1877

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 W Fred St

F. E. Blair M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED FEB 28 1877 BALTIMORE

Date of Death, Abram Cohn died on the 27 Feb. 27.

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ——— *Years,* 5 *Months,* 10 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Russia

Duration of Residence in the City of Baltimore, Infant. born

Place of Death, { Give street and number. } 128 S. Eden st.

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,) Hydrocephalus acutus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Feb 28th 77

{ *Undertaker,* Wm Eden / *Place of Business,* 101 Gough st } *Address* 245 E. Baltimore

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S C Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 44 S Pleasant St

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Non Committal

Date of Burial, 2 Oclock P M

O S Mahon *M. D.*

Medical Attendant.

Undertaker, Thos Cooke

Place of Business, 51 Hill St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, Cold.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 107 N. Spring

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28. 1877

Undertaker, Thos. J. Locke

Place of Business, 10 Jefferson st

C. L. Wilkins M. D.
Medical Attendant.

Address 44 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Stockett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 537 W. Lombard St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Endocarditis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 28th 1877

Undertaker, I. S. Cook

Place of Business, 1707 N. Baltimore st

John Neff M. D.

Medical Attendant.

Address 508 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

Date of Death, February 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Bell Crawford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 Years, 11 Months, Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fauquier County Va about 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 469 Eutaw Place

Cause of Death, {First (Primary,) Second (Immediate,)} Puerperal Convulsions

Duration of Last Sickness, Five hours

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, ~~Private~~ March 2nd 1877

Undertaker, John F. H. Weaver

Place of Business, 22 West Fayette st

J. H. Williams M. D. Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Lucas,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, colored,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundle, Co. Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 137 S. Dulaney St. & Monroe street.

Cause of Death, {First (Primary,) Hæmoptysis / Second (Immediate,)}

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician

Place of Burial, E. Public Cemetery

Date of Burial, Feb 28th 1877

Undertaker, Chas. Struppe

Place of Business, Pratt & Chester

G. Glanville Ford M. D.
Medical Attendant.

Address 21 N. Frost. 26.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. McCann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Paperhanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington City

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} No 72 S. Paca st

Cause of Death, {First (Primary,) Phthisis pulmonalis / Second (Immediate,) Hemorrhage

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1st 1877

{*Undertaker,* John Meacher / *Place of Business,* No 150 Lombard st

C. L. Gale M. D.
Medical Attendant.

Address 164 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15960 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

Date of Death, February 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Eight *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Stone Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} Bells wharf,

Cause of Death, {First (Primary,) Crushed to death by falling Second (Immediate,) in of wall.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 28th

Undertaker, Conway & Co

Place of Business, 376 Canton St.

D. C. Ireland M. D.
Coroner E.B.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

Date of Death, February 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Gordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Twenty *Years,* Two *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 19 Comet

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, March 1st 1877

{*Undertaker,* Henry W. Means / *Place of Business,* 45 N. Gay St.

Wm. H. Glendinen, M. D.
Medical Attendant.

Address No 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

Date of Death, Feb. 28th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna L. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 hrs

Place of Death, {Give street and number.} 40 S. Sharp St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park cemetery

Date of Burial, March 1st

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

H. L. Sloan M. D.
Medical Attendant.

Address 379 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

Permit No. 15963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Crinne Read

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, Col:

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto:

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 122 W: Paul St

Cause of Death, {First (Primary,) Tuberculous Meningitis

Second (Immediate,)

Duration of Last Sickness, Taken ill on 25 & 26 Ult:

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28 77

Undertaker, Wm. Bickford

Place of Business, 103 Saint Paul St.

Geo. Whitelegg M. D.
Medical Attendant.

Address 121 W. Clement St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
28
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 77.

Full Name of Deceased, {Writes legibly and spell correctly. If an Infant not named, give names of parents} Alice Blackstone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sharp St Balto

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} Parish alley.

Cause of Death, {First (Primary,) Diphtheria} {Second (Immediate,) Scarlet fever}

Duration of Last Sickness, Two Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28th 1877.

Undertaker, W. H. Bishop Jr

Place of Business, 103 Smith Hill ave.

Ed. W. Morris M. D.
Medical Attendant.

Address Corner Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} No 11 Paris Alley

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Uraemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co.

Date of Burial, 4th March 1877

Undertaker, Wm H Bishop Jr

Place of Business, 103 Druid Hill Ave.

Chr Cadden *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah Nichols

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 23 Indian Alley

Cause of Death, First (Primary,) Scrofula.

Second (Immediate,) Marasmus –

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feby 28th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

John Dickson M. D.
Medical Attendant.

Address 261 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
28
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb^r 27^th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie H Prince

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 8 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 391 Amid. Hill. Ave

Cause of Death, First (Primary,) Gout

Second (Immediate,) Catarrh

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Edw^d A. Ward M. D.
Medical Attendant.

Place of Burial, Green Mt Cemetery

Date of Burial, 1st March 1877

Undertaker, H^r Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Lillmer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 8 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } 79 East Ch.

Cause of Death, { First (Primary,) Catarrh. / Second (Immediate,) Cerebro Spinal Meningitis 10 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Edward P. McDevitt M. D.

Date of Burial, Feb 27th 1877 Medical Attendant.

Undertaker, Wm H Dungle

Place of Business, No 104 East st *Address* 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUL 25 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lisan Rebecca Burman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, C *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife Burman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Louisville Jefferson Co Ky

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 10 Lewis's Court

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1877

Chas M. Morfit *M. D.*
Medical Attendant.

Undertaker, Wm A Fenge

Place of Business, No 104 East st *Address* 84 E Butt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles R. Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Ten *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 183 Mulliken St

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Whitfield Wiser *M. D.*

Date of Burial, Feb 28 1877 Medical Attendant.

Undertaker, Wm A Ringer

Place of Business, No 104 East st *Address* 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Two *Months,* Seven *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give street and number.} 114 Prospect Lane

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,) ____

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 28th

{*Undertaker,* H. C. Wiedefeld Address
Place of Business, 90 Greenmount av

T. E. Ireland M. D.
(Coron. B. C.) Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15972

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 February 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Thornton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, 11 weeks

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Pyemia

Second (Immediate,) Rheumatism

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Bonny Brea~~

Date of Burial, March 1st 1877.

Undertaker, George Saffran

Place of Business, 131 Lemmon Avenue

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wallin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} Washington Hosp—

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, Thirteen Months—

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, March 1st 1877

Undertaker, Joseph F Byrne

Place of Business, 63 n Liberty

O. L. Wolfe M. D.
Medical Attendant.

Address M. H. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Grose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number.} 95 Plum alley.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, about 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1877

Undertaker, W. Chase

Place of Business, 1 E. Howard St.

J. B. White M. D.
Medical Attendant.

Address Balto. Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 27 Albemarle Lane

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, February 28

Undertaker, Samuel McCleary

Place of Business, 118 South Howard St

Theodore Lott M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1897 BALTIMORE

Date of Death, Feby 28 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Bowen Watts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eight-five *Years,* Two *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore. About Eighteen years

Place of Death, {Give street and number.} No 133 Preston St

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Debility -

Duration of Last Sickness, About four months.

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, March 2nd 1897

Undertaker, Jacob Weaver

Place of Business, No 428 Druid Hill Avenue

D. L. Rice M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Linn & Annie Linn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ ~~Months,~~ 2 Hours ~~Days~~

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 163 Madison Ave

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

His child did not breathe after birth, although the heart beat for some minutes. It was a foot presentation and death resulted from asphyxia

Place of Burial, St Peters Cemetery

Date of Burial, March 1st 1877

Undertaker, Lacy Mears

Place of Business, 412 Fremont

Address 207 W Baltimore St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 8 *Months,* *Days.*

Color, Black. *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 94 Eyan St

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 94 Eyan St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Apnoea.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28 1877

R W Barton M. D.
Medical Attendant.

Undertaker, John L Jones

Place of Business, N E cor Park Av

Address Cor. Madison & Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan H Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 4 *Months,* *Days.*

Color, Dark Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, one year & 4 months

Place of Death, {Give street and number.} Liberty Road near Pimlico

Cause of Death, {First (Primary,) unknown / Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Israel. Cemetry

Date of Burial, March 1 1877

{*Undertaker,* Jno. C. Jordan / *Place of Business,* 63 Park Ave}

B F. Bohn M. D.
Medical Attendant.

Address Cor Dolphin & Eutaw sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

Date of Death, Feb. 28th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Colord -

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimor Co -

Duration of Residence in the City of Baltimore, One month -

Place of Death, {Give street and number.} 59 Orchard St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel. Cemetry

Date of Burial, March 1 1877

Undertaker, Jno C. Jordan

Place of Business, 63 Park ave

Eldridge C. Price M.D.
Medical Attendant.

Address 262. Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ses on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February the 28th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Simmons.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 169 South Wolfe St.

Cause of Death, First (Primary,) A fall from house top, 40 feet high.
Second (Immediate.) Prostration or Shock.

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 1st

Undertaker, J. C. Schuck

Place of Business, 163 Aisquith

J. C. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 703

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

Date of Death, February 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Hamilton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5 Brannan Court.

Cause of Death, First (Primary,) Measles

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, Four days —

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 2nd 1877

Undertaker, Charles F. Harold

Place of Business, 161 Hanover St

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1977 BALTIMORE

Date of Death, February 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 2 *Months,* 2, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 108. Scott St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, 1st March

Howard Cook M.D.
Medical Attendant.

Undertaker, Armstrong & Donny

Place of Business, Light & Montgomery

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Mitchell Drew

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Actress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 250 Chew St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 11 M 9 ms

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati, O.

Date of Burial, March 2nd, 1877

Geo. E. Kinnon *M. D.*
Medical Attendant.

Undertaker, John L. Weaver

Place of Business, ~~11~~ 22 W. Fayette St. *Address* 130 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transcript

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J W A O Brien

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 183 Carlisle

Cause of Death, { First (Primary,) Dropsy Scarlet Fever
Second (Immediate.) Scarlet fever Dropsy

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 1 1877

Undertaker, Wm M Dougle

Place of Business, No 104 East St *Address*

O S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 15986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

Date of Death, February 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} George R. Stone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 5 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 29. Hamilton St

Cause of Death, {First (Primary,)} {Second (Immediate,)} Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2nd 1877

Theodor Brita M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Annie Hasty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor of Hillen & Front

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1st 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo I B Reynolds M. D.
Medical Attendant.

Address 37 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennie Maynard Griffith

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lynchburg Va

Duration of Residence in the City of Baltimore, 11 Mos

Place of Death, {Give street and number.} Chapel st near Penna Ave

Cause of Death, { First (Primary,) Measles
Second (Immediate,) Pneumonia

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Friday march 2nd

Chas E Sadtler M. D.
Medical Attendant.

{ *Undertaker,* C H Blizzard
Place of Business, Penna Ave & Dolphin st *Address* 624 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Emmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} 41 Stiles

Cause of Death, First (Primary,) Typhoid-Pneumonia

Second (Immediate,) Asthma

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Cemetery

Date of Burial, March 1st 1877

Undertaker, Chas. Steeper

Place of Business, E. Pratt St

Wm. J. O'Reilly *M. D.*
Medical Attendant.

Address 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...k of this Certificate.

Board of Health, City of Baltimo...

No. 1599

OFFICE OF REGISTRAR OF ... STATISTICS.

Permit No. 15990

The Physician who attended any person in a last illness is responsible for the presentation of ...ate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after ... of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Reivell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wexford Co. Ireland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} No. 18 Rock Street

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial March 2nd 1877

Chas M Mott M. D.
Medical Attendant.

{*Undertaker,* J B Cook
{*Place of Business* No 707 N Baltimore Street *Address* 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 15991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 313 Park av

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,) Paralysis

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 2d

C Winslow M. D.
Medical Attendant.

Undertaker, W A Davis

Place of Business, 74 S Bond

Address 23 W Fallot st

Extract From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Francisco Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Ireland~~ City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 230 S Charles st

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Dyptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 2nd 1877

Undertaker, E. F. Kraus

Place of Business, 214 Hanover st

First Entered M. D.

Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 15993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Schoor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, {Give street and number.} Nar of 325 Canal St

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2nd

Undertaker, J T Powlies

Place of Business, 66 Fredrick Av

E. H. Abrams M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, Feb. 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burns

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 6 S. Central Ave.

Cause of Death, {First (Primary,) Acute Phthisis Pulmonalis / Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 2d 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Bard. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie McCoy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 126 Jackson st

Cause of Death, { ~~First (Primary),~~ ~~Second (Immediate),~~ } Consumption of Lungs

Duration of Last Sickness, I don't know how long I saw her once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2d 1877

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* Nos 4 & 6 Druid Hill Ave

B. Griffith M. D.
Medical Attendant.

Address 60 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Bredemeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* twenty five *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 178 Harlem Ave

Cause of Death, {First (Primary,) Rubeola; Second (Immediate,) Pneumonia}

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 2d March 1877

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

F. A. Notary M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invites to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ 28th 1877, Lucy May ~~Wilson~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy May Wilson.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* 22, *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 46 Harkness St

Cause of Death, {First (Primary,) Meningitis Cerebro Spinal (?)

{Second (Immediate,) " " "

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2nd 1877

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore Str.

Jno. S. Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gertrude Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* [illegible] *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 46 Harkness Ct

Cause of Death, {First (Primary,) Meningitis. Cerebro Spinal (?)
Second (Immediate,) 10 days " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2nd 1877

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

John S Pennington M. D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Gelford Alley

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cimetery

Date of Burial, March 2d 1877

Undertaker, James D Byrne

Place of Business, No 63 N Front St

A M Dodge M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight rs after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, Supposed to be Dec^r 9^th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unknown, supposed to be Chas Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 48 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown, believed to be Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} in the Basin near Bells Wharf

Cause of Death, {First (Primary,) Accidentally Second (Immediate,) Drowned}

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial,

Undertaker, M. H. C. Perry

Place of Business, 44 & W. Pratt St

R. C. Lee M.D.
~~Medical Attendant~~ Coroner 8^th D.

Address N.W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11001

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, Feb. 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Kapp

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 69 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany Frankfort

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 16 Bradford a

Cause of Death, { First (Primary,) } Pleuro Pneumonia

{ Second (Immediate,) } Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai Cemetery

Date of Burial, March 2d 1877.

Undertaker, Henry Bein

Place of Business, 252 Alis. Ave. *Address* 128 Park ave

Phelan Friedrich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Rininger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Ont St

Cause of Death, {First (Primary.) Scarlatina Anginosa

Second (Immediate,) 6 Days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar 3d

Undertaker, H Brick

Place of Business, Monument St 81

D B Noble M.D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Hilbig Rodenmayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} " Baltimore "

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 25½ N Howard St

Cause of Death, First (Primary,) Scarlatena

Second (Immediate,) " Dropsy "

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, 2 March 4 o'clock P.M.

Undertaker, George C Rodenmayer

Place of Business, 38 Eden St

W. Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the r[illegible]arks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16084 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27 February 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marianna Tragesser

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co. Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 162 Exeter St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate.) Exhaustion

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 3, 1877 J. N. Grimes M. D.
Medical Attendant.

{*Undertaker,* Henry Flock
{*Place of Business,* 309 Central Ave *Address* 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 539 Saratoga St.

Cause of Death, {First (Primary.) "Consumption"

{Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Weslon Cemetery

Date of Burial, March 3d 1877

{*Undertaker,* Geo Wolfence

{*Place of Business,* 206 Forest st

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, Feb 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Gunther

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 71 *Years,* 7 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or ~~Widower~~; { Cross out the words not required in this line. }

Occupation, Retired Grocer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, { Give street and number. } 710 N. Gay St. Balto

Cause of Death, { First (Primary,) } Pulmonary Phthisis

{ Second (Immediate,) } Pulmonary Phthisis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2nd 1877

Undertaker, J. B. Lord

Place of Business, 1709 W. Baltimore Street

Address 710 N. Gay St. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 16007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} August Bensdee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bergrode, Hanover Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 289 Columbia St

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy

Duration of Last Sickness, about 2½ hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3rd

Undertaker, Philip J. Dill

Place of Business, 18 Columbia Ave

Saml. Eberstein M. D.
Medical Attendant.

Address 582 W Lond. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 16008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England 58 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 Columbia Ave

Cause of Death, {First (Primary.) Paralysis of Stomach & Laryngeal Bronchial Inflammation

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 3th 1877

Undertaker, Philip F. Dill

Place of Business, 183 Columbia Ave

A. McColburn M. D.
Medical Attendant.

Address 369 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 16009

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wilson Elwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Eight Mo

Place of Death, {Give street and number.} 420 N Calhoun St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d 1877

Undertaker, Ehrenfeld & Co

Place of Business, 364 Pa ave

E. L. Price & Son M. D.
Medical Attendant.

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 16010

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara. E. C. Abbott

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 114 Jefferson St

Cause of Death, {First (Primary.) Pneumonia — Second (Immediate,) Two months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bait-Cemetery

Date of Burial, March 3 1877

Undertaker, Wm Fry

Place of Business, 54 N Broadway

A. B. Gross — M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 16011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, Years, Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Formalin

Duration of Residence in the ~~City of Baltimore~~ House 5 days

Place of Death, { Give street and number. } St Vincents Infant Asylum

Cause of Death, { First (Primary,) } Marasmus

{ Second (Immediate,) } Hydrocephaloid

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 3. 1877

Undertaker, Saml Bowen

Place of Business, 150 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore.

Permit No. 16012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bernhard Mühlhahn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 8 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Street 171

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feby 3th

{*Undertaker,* John Teufel

{*Place of Business,* No. 27 n. Paca st

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 16013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d March 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Lingelbach

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Carolines st. No 19

Cause of Death, {First (Primary,) / Second (Immediate,)} Cyanosis

Duration of Last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Petri Cemtr.

Date of Burial, March 3. 1877

William Henkel M. D.
Medical Attendant.

{*Undertaker,* H. Hofmann. / *Place of Business,* 63 N. Eden St.} *Address* L. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16014 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

* The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gilman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 26 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maine

Duration of Residence in the City of Baltimore, About 10 Years

Place of Death, {Give street and number.} 74 North Calvert st

Cause of Death, {First (Primary.) Chronic Albuminuria / Second (Immediate.)}

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 1877

Undertaker, John L. Weaver

Place of Business, ~~No~~ 22 W. Fayette St "

H Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st — 6½ P.M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Franz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 N. Wolf Street

Cause of Death, First (Primary,) Scarlet fever malignant-

Second (Immediate.) coma

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem't Ft Smith

Date of Burial, March 3 1877

M. D.
Medical Attendant.

Undertaker, Henry Flach

Place of Business, 309 Canton Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 1606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adalbert Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 1 *Months,* *Days.*

Color, W.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinsmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 936 W Balto St

Cause of Death, {First (Primary.) / Second (Immediate.)} Hemiplegia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4 1877

Undertaker, C F Krause

Place of Business, 209 Hanover *Address* [illegible]

L E Shuster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, Mch 1/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank August Dietz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240 N Dallas St

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 3d 1877

Undertaker, H. Schultheis

Place of Business, No 2 E. East Mst.

F. A. Adamson M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16078

Permit No. 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Adeline Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 792 W. Pratt St

Cause of Death, {First (Primary,) Tubercular Phthisis
Second (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. L. Owens M. D.

Date of Burial, March 3rd 1877 Medical Attendant.

{*Undertaker,* J. B. Blackistonsson
Place of Business, 606 Batt St *Address* 164 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 16019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. H. Kidgely

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 15 *Days.*

Color, Colored. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 97 Orchard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 7 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4th 1877

Undertaker, William A. Lange

Place of Business, No 169 East St.

Edward P. McDevit M. D.

Medical Attendant.

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Hoffer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} ——— *Months,* ——— *Days.*

Age, 80 *Years,*

Color, Blk

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~ {Cross out the words not required in this line.}

Occupation, none of late — formerly a Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 58 Oxford St

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Several Years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loyd Cemetery

Date of Burial, March 3d 1877

Undertaker, William A. Lupp

Place of Business, No 164 East St.

Robert W. Johnson M. D.
Medical Attendant.

Address 349 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 16021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d of March 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lang

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Portland~~ Lewistown Maine

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 59 S. Talbott

Cause of Death, {First (Primary,) Hydrocephalus acutus
Second (Immediate,) Eclampsia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 4

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

F Talbot M. D.
Medical Attendant

Address 945 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on the back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annette M. Knowles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 426 E. Eager St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Scarlet fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Thomas Shearer M. D.

Date of Burial, March 3rd 1877 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 60 S. Broadway *Address* 971 St. Paul's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2-1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kelly

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 19 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 S Race

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet fever / Convulsions

Duration of Last Sickness, Twenty-four hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 3th 1877

Undertaker, Louis Koehler

Place of Business, Cor Shakspeare & Fayette

C W Cadden M.D.
Medical Attendant.

Address 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 16024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas W. Engle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 Whitecast street (City)

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 4th 1877

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave *Address* [illegible]

W. P. Cornick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY [illegible]

Board of Health, City of Baltimore,

Permit No. 14025

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A. Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 44 *Years,* 10 *Months,* 23. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 N. Wolf St

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption .. Pulmonary

Duration of Last Sickness, had Consumption for 2 yrs. last sickness 2 mos.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 77

Undertaker, Geo. Schilling

Place of Business, Aisquith & Fenwick St

Geo. W. Wayson. M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 92 Orchard

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,) ...}

Duration of Last Sickness, I do not as I did not attend the case

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5 1897

Undertaker, Wm. F. Bishop

Place of Business, 193 Penn Hill Ave.

H. Hakemp M. D.
Medical Attendant.

Address 53 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Edward Gable

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 15 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 152 Division St.

Cause of Death, {First (Primary.) Congestion of Brain
Second (Immediate.) Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, St-Peters cem

Date of Burial, March 4

Undertaker, C H Blizzard

Place of Business, 201 Ran av

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah D Lewis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wales

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 391 Park Ave

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, 3rd March 1877

Undertaker, H.W. Deutsch & Son

Place of Business, 16 Light St *Address* 201 Madison Ave

P. L. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Fred H. Frosky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 60 N. Amity St

Cause of Death, {First (Primary,) Brain affection

Second (Immediate,) Spasms

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician

Place of Burial, Druid Hill Cemetery

Date of Burial, March 3d 1877

James A. Steuart M. D.

Undertaker, A. Weidenmeyer

Place of Business, 578 W. Balto St

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except~~ in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the [illegible]

Board of Health, City of Baltimore,

Permit No. 16030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

Date of Death, March 2, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert S Pierson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line,}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore. His whole life

Place of Death, {Give street and number.} 88 Myrtle av

Cause of Death, {First (Primary,) Diphtheria. Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, March 4th 1877

Undertaker, Wm Thacker

Place of Business, 58 Lexington

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, {First (Primary,)} Val Dis of the heart

{Second (Immediate,)} Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loyal Cemetery

Date of Burial, March 3. 77

{Undertaker, [illegible]

{Place of Business, [illegible] *Address* ...

T. A Ashby *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 16032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, February 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four months unknown

Place of Death, {Give street and number.} 39 Elbow Lane

Cause of Death, First (Primary,) Phthisis Pulm

Second (Immediate,)

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 5 March 1877

W. Holcomb M. D.
Medical Attendant.

Undertaker, Samuel Watkins

Place of Business, 9 Hanover St *Address* 618 W Pratt St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16033

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE MD

Date of Death, March 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Ambrose Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Six Years, Months, Days.

Color, Colored

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Married

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Maryland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No. 79 Wilkens alley

Cause of Death, {First (Primary,) Ulceration / Second (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1877

Undertaker, H. McChase

Place of Business, No 198 Howard St

L. D. Iles M. D.
Medical Attendant

Address No 148 Hill St Baltimore MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16034 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2 on " 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Glen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Oyster Shucker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, { Give street and number. } 1 Plenn ay

Cause of Death, { First (Primary,) .. Consumption

Second (Immediate,) 2 Months

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1877

Undertaker, { E H Chase

Place of Business, { No 198 Howard

R. C. LEE M. D.
Medical Attendant.

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16035 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Tilgman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 14 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 State Street

Cause of Death, First (Primary,) Tubercular Meningetis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1877

Undertaker, J. H. Grace

Place of Business, No 98 Howard St

Henry Darling M. D.
Medical Attendant.

Address 143 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, .

Permit No. 16136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burinl, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie L. Bauer

~~*Sex, Male,*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Three & two *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 234 N. Broadway

Cause of Death, First (Primary,) Peritonitis (following Grippe)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 21 weeks

All the above information should be furnished by the Physicinn.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 4th

Gustave Bibber, M. D.
Medical Attendant.

Undertaker, M. Grance

Place of Business, 280 Canton Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 11037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Satterfield.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Constitution St.

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, March 4th 1877

Undertaker, Wm. H. Wichman

Place of Business, 234 W. Gay St. *Address*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY [illegible]

Board of Health, City of Baltimore,

Permit No. 16138

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Kruze

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number.} 50 Columbia St.

Cause of Death, {First (Primary.) Chronic Gastritis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, March 6th

Undertaker, Wm. J. McKnew

Place of Business, 65 S. Eutaw St Address 1211 W. Lexington St

C. W. Schleter, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11039 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee R Royston

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Mine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 6 Monument near Bond.

Cause of Death, First (Primary,) Hooping Cough &

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 3d

Undertaker, Chas Fay

Place of Business, 1 Broadway

John Hamner M. D.
Medical Attendant.

Address 286 E. Balt st

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore:

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 704

[OVER.

Board of Health, City of Baltimore,

Permit No. 11,424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloysius Glucksteins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Eutaw & Mulberry Sts

Cause of Death, {First (Primary,) Scarlet fever; Second (Immediate,) albuminuria}

Duration of Last Sickness, unknown only having been in attendance in latter part.

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 3d 1877

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

Maberry Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16041 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulia A Hartzell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 423 N. Carey St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Bright Disease

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 1877

Undertaker, Jacob Weaver

Place of Business. Nos 4 & 6 Druid Hill Ave Address 83 N. Greene St.

D. G. Keller. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 8
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Mahoney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 562 Lexington

Cause of Death, First (Primary.) Chronic Diarrhoea

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 3

Undertaker, S B Cook

Place of Business, 707 west Baltimore

Edwd Tollicholand M. D.
Medical Attendant.

Address 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REQUIRE[illegible]

Board of Health, City of Baltimore,

Permit No. 16043

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Sheild

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, No Trade —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 117 N. Front St

Cause of Death, {First (Primary.) — Second (Immediate.)} Consumption —

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 4 1877

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 137 Orleans St

J. D. Ross *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16044 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane Coulter

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, about 52 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Isle of Man

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} No 113 N. Eutaw St Baltimore

Cause of Death, {First (Primary,) / Second (Immediate.)} Hepatitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 4th 1877

C. W. Benson M. D.
Medical Attendant

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Fayette St *Address* C. W. Benson 106 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11145 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Illegitimate

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Boundary Avenue & Falls Road

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 5. 1877

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3 March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernadette

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Foundling

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Dentitions

Second (Immediate,) Meningitis

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 5 - 1877

Undertaker, Samil Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Fischer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* 16 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 205 Preston St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cty

Date of Burial, March 5th 1877

Undertaker, Geo Saffran

Place of Business, Penn Ave *Address* Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Post

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 119 Hamburg St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Whooping Cough

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 5th

Undertaker, Wm Deufel

Place of Business, 27 n. Paca

J. C. Burch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16049

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Langlutz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 60 Portland St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Marasmus

Duration of Last Sickness, Always sick.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary Edward R. Ward M. D.

Date of Burial, March 3. Medical Attendant.

Undertaker, Georg Leimbach *Address* 242 W. Lombard St.

Place of Business, No 389 W Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CORONER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

Date of Death, March 2nd 77. 7 o'clock p. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Adelheid Moritz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3. *Months,* 29. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Frederic Avenue 116.

Cause of Death, First (Primary,) Measles

Second (Immediate,) Bronchitis capillaris

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 4 1877

Undertaker, John P Rankin

Place of Business, 66 Frederick Ave *Address*

H. C. Burnhard M. D.

761 W. Lombard St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Jane Boyle

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, One *Years,* Ten *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 161 N. Amity St.

Cause of Death, { First (Primary,) Cerebral Heat
Second (Immediate,) Three days.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th " 1877

Nicholas E. Smith M. D.
Medical Attendant.

{ *Undertaker,* M A Daigel
{ *Place of Business,* 74 S Bond *Address* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16052 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

Date of Death, March 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith.

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9. *Months,* *Days.*

Color, Black.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60. China St.

Cause of Death, {First (Primary,) Scarlatina. Anginosa. Second (Immediate,) Apnoea.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 5. 77

Undertaker, Samuel Wilson

Place of Business, 198 E Monument

M. L. Mitchell M. D.
Medical Attendant.

Address 139 Montgomery St. Cor Charles & Bare St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

Date of Death, Mar. 1st '77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Johnson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color C A *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 3 Eutaw Court

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Wm. T. Lockwood

Date of Burial, Mar 4th 77 M. D.

Medical Attendant.

Undertaker, Samuel Wilson

Place of Business, 19 E. Monument st *Address* Balto. Co. 1 Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Laporte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, During the whole of life

Place of Death, {Give street and number.} 576 West Baltimore st

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 5 1877

D. P. Hoffman M. D.
Medical Attendant.

Undertaker,

Place of Business, 317 Mulberry St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Smith

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* *Months,* 13 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 47 Hill St Baltimore

Cause of Death, {First (Primary,) Bronchitis Croup

Second (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 5th 1877

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

Leo Mayer M. D.
Medical Attendant.

Address 41 Wallis Court

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

Permit No. 16056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

Date of Death, March 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Flatley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 191 Lemon St

Cause of Death, {First (Primary,) Childbirth attended by Inducing Partial retention of Placenta
Second (Immediate,) 5 1/2 day. Puerperal fever

Duration of Last Sickness, ~~6~~ days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, March 4th 1877

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

D A Layton M. D.
Medical Attendant.

Address 523 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 16057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d of March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Schmitz

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 250 N. Central Ave

Cause of Death, {First (Primary,) Phthisis Tuberculosa / Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 5 1877

{*Undertaker,* Henry Foech / *Place of Business,* 69 Central Ave}

Address 245 E. Baltimore St.

F. Mathias M.D.
Medical Attendant.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McKeown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 10 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91. York st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, St Vincent Cemetery

Date of Burial, March 5th 1877

{*Undertaker,* Charles T. Herold

Place of Business, 161 Hanover st

D. W. Webster M. D.
Medical Attendant.

Address 57 Burnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 4 1877

CERTIFICATE OF DEATH.

Date of Death, March 2 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Shank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 200 Bank st

Cause of Death, {First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 4th 1877

{*Undertaker,* Hughes & Co

Place of Business, 65 S. Broadway

W. Alloy M. D.

Medical Attendant.

Address 2411 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 16 Hillyard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 4th 1877 E. C. Jones M. D.
Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 63 Front *Address* 137 E. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16061 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1877 BALTIMORE.

Date of Death, Sunday March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bredew

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Accountant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England — In W about 30 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Arnold Homes & Ft. N. Broadway

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 5th 1877

Undertaker, J. H. Weaver

Place of Business, 22 Fayette St

S. D. Gavin M. D.
Medical Attendant.

Address Arnold Homes Ft. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Jangluty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N 60 Portland St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Convulsions.

Duration of Last Sickness, Always sick. Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 March Edward R. Ward. M. D.

Medical Attendant.

Undertaker, Gil. Seim bach

Place of Business, 38 W. Pratt St. *Address* 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, 3rd March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} 98 Dallas St.

Cause of Death, {First (Primary,) Pleuro pneumonia / Second (Immediate,) Exhaustion}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 6th 1877

Undertaker, Wm. Kelly

Place of Business, 173 Broadway

Hilton & Snyder M. D.
Medical Attendant.

Address 100 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16064 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3th March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} male 324 S. Charles St

Age, 29 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanau. Germany. 11 years in N.Y.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} ~~Hanover Street~~ 324. S. Charles St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 4 March

Undertaker, Herzog & Co

Place of Business, 386 Orleans St.

A. F. Steinhaul M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Campbelle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 438 E Monument St

Cause of Death, {First (Primary,)} Measles {Second (Immediate,)} Congestion of the Lungs

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 6th 1877

Undertaker Henry Hoeck

Place of Business, 309 Central Ave

Hilton A Taylor *M. D.*
Medical Attendant.

Address 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, March 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Camilla F. Smith

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 55 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 243 N Howard

Cause of Death, First (Primary,) Paralysis — Second (Immediate,) General exhaustion

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 6th 1877

Richard McSherry M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
{*Place of Business,* No 446 Druid Hill Ave *Address* 187 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 1607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Edward Sloman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 N. Eden St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Congestion of the Lungs.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th/77

Undertaker, Geo. Schilling

Place of Business, Kingsmith & Monument St

Isaac P. Arnold M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Funk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 26 Patterson Park Av.

Cause of Death, First (Primary,) Measles complicated by Pneumonia

Second (Immediate.)

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty John H. Rehberger M. D.

Date of Burial, March 5th 1877 Medical Attendant.

Undertaker, H Trechlich

Place of Business, 246 Eastern Av *Address* 243 Alice Anna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fleckenstein

Sex, Male or Female, {Cross out the word not required in this line.} male Fleckenstine

Age, Years, 3 — Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 145 Bank St

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Infantile Marasmus

Duration of Last Sickness, about seven Months

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, March 6th 1877

Undertaker, Henry Fecklish

Place of Business, 246 Eastern Ave

W. D. Dohme M. D.
Medical Attendant.

Address 86 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16070 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 360 E Madison St

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Cerebritis

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cl *Wm Whitridge* M. D.

Date of Burial, March 6 1877 Medical Attendant.

Undertaker, Henry Heuck

Place of Business, 369 N Central Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1071 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR. 5 1877 BALTIMORE

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 7 *Months,* 4 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 7 Months & 4 days

Place of Death, {Give street and number.} 114 Paca St

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudell cem

Date of Burial, March 5th 11

Undertaker, C H Blizzard

Place of Business, 201 Penna ave

B F Bohner M. D.
Medical Attendant.

Address Cor Dolphin & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Brafman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shepherdstown Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 8 South Carlton Ave.

Cause of Death, First (Primary,) Enlargement of the heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 years 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hager's Town Md. Charles N. Schultz, *M. D.*

Date of Burial, March 5th Medical Attendant.

Undertaker, C H Blizzard *Address* No 11 S. Stricker ave

Place of Business, 201 Pen Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Special

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, Mar 4th, 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tickley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Anthony's Orphan Asylum Calvert Ave

Cause of Death, {First (Primary,) Tonsic Scarlatina

Second (Immediate,) Fit Convulsions

Duration of Last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Hollywood Cem *Medical Attendant.* John F. Mummert M. D.

Date of Burial, March 5 1877

Undertaker, Henry Stocks *Address* E. N. Calvert St Lexington

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 60 Fairmount Ave.

Cause of Death, {First (Primary,) ~~Pox~~ Measles.

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Cemetery

Date of Burial, March 5th 1877

{*Undertaker,* J. Hölken

Place of Business, 244 E. Lombard St.

A. Granville Lark M. D.
Medical Attendant.

Address 244 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Thiele

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia. 4 years a resident of United States.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 262 South Broadway

Cause of Death, First (Primary,) Post partem Haemorrhage.
Second (Immediate,) Prostration.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fleet st. Cemetery

Date of Burial, March 5

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Hendelin Diffel

Place of Business, St. Bondst. 151 *Address* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16076 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bedforn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ten *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 149 Chestnut

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 149 Chestnut

Cause of Death, {First (Primary,) Convulsions. Second (Immediate,) .....}

Duration of Last Sickness, three days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 5

Undertaker, Wm. Duryea

Place of Business, 100 & East st

Lewis Wagner M. D.
Medical Attendant.

Address 18 Augusta st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Pollock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* Six *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 350 N. Eutaw St.

Cause of Death, First (Primary,) Phlegmon of maxillary gland

Second (Immediate,) Edema of the glottis suffocation.

Duration of ~~Last Sickness~~, primary disease, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of the Baltimore Hebrew Congregation

Date of Burial, March 6th 1877

Undertaker, Henry Myer

Place of Business, 106 W. Howard St

G. E. Cape M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16078 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Augusta Meier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~two~~ *Years,* one *Months,* 8 *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 8 Dawson Street

Cause of Death, First (Primary,) Measles

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetary

Date of Burial, March 6th 1877

Undertaker, John D. Paulus

Place of Business, 66 Fredrick Ave.

Henry Salzer M. D.
Medical Attendant.

Address 163 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16079 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female,

~~*Age,*~~ ~~*Years,*~~ *Months,* Nine days. *Days.*

Color, White.

Sex, Female

~~Married, Single, Widow or Widower,~~ { ~~Cross~~ out the words not required in this line. } Infant,

Occupation, " " "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maternite

Duration of Residence in the City of Baltimore, Nine days,

Place of Death, { Give street and number. } 163 N Gaunbard St,

Cause of Death, { First (Primary,) Erysipelas.
{ Second (Immediate.)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Potters field.

Date of Burial, March 5th

Wm Rankes M. D.
Medical Attendant.

{ *Undertaker,* ~~City~~ C. Shriver
{ *Place of Business,* City Hall, *Address* 163 N Gaunbard,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 16080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, March 4-77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie M Roe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 3-4-14

Place of Death, {Give street and number.} 193 Conway

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate.) acute Albuminuria

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, March 5th 1877

Undertaker, J. B Blackiston & Son

Place of Business, 606 Balt St

C W Cadden M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ann McConnell,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New York.

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, { Give street and number. } 49 Preston St.

Cause of Death, { First (Primary,) Severe labor, / Second (Immediate,) Puerperal Fever.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, March 5. 1877. John Dickson M. D.

Medical Attendant.

Undertaker, Chas T. Benton

Place of Business, 261 Madison Avenue, Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. McFarlane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 0 *Months,* — *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 27 S. Frm St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, About 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 7th 1877

Undertaker, Boughs & Co

Place of Business, 65 S Broadway,

E. P. Bons M. D.
Medical Attendant.

Address No. 406 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stroup

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 232 South Charles St.

Cause of Death, {First (Primary,) Scarlet fever
Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. J. Enterline M. D.

Date of Burial, March 6th

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. Ellen. Bowles.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 6 Hall's Ct.

Cause of Death, First (Primary,) Catarh & Scarlet fever.

Second (Immediate,) Dysentery.

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Edward Pn Davis M. D.

Date of Burial, March 5, 1877 Medical Attendant.

Undertaker, Henry Keck

Place of Business, 30 & Cathedral Sts *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Allyn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 4 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 61 Greenmount Av.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mole Cross Cem. Edward L. Wright M. D.

Date of Burial, March 7 1877 Medical Attendant.

Undertaker, Henry Houck Address 137 N Eutaw St

Place of Business, 304 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16086. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Levenstein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days.*

Color, White

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, {First (Primary,) Cancer of Breast

Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levy's Cemetery A. Esteins M. D.

Date of Burial, March 6th 77 Medical Attendant.

Undertaker, Wm Eitzen

Place of Business, 101 Gough St *Address* Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

Date of Death, 5th March 1877

Full Name of Deceased, { Write legibly and spell all correctly. If an infant not named, give names of parents. } Mary Lytle.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Lytle

Occupation, Shoe - Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } No 103 W. Lexington St

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia, Complicated with Heart trouble,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Lee Jones, M. D.

Date of Burial, March 7th Medical Attendant.

Undertaker's Stewart & Brown *Address* No 535 W. Fayette

Place of Business, 35 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 16088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

Date of Death, 5th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Anne Armatage

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 22 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, About 5 yrs

Place of Death, { Give street and number. } 75 S. Gilmor St.

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery

Date of Burial, March 7

John Hood M. D.
Medical Attendant.

{ *Undertaker,* J B Cook
{ *Place of Business,* 407 W Pratt St Baltimore *Address* 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Forbes Sr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, Say 4 months.

Place of Death, {Give street and number.} Barnum's Hotel

Cause of Death, {First (Primary,) Natural decay

{Second (Immediate,) with some Bronchitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Prince Geo Co Md

Date of Burial, 5 March 1877

{*Undertaker,* H.W. Jenkins Son

{*Place of Business,* 15 Light St

A. H. Atkinson M. D.

" Medical Attendant.

Address 519 N. Charles St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 705

...rd of Health, City of ...

Permit No. 16090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael M. Donnaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} On the track of B. & O. R. R. at foot Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Killed

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 7th 1877

{*Undertaker,* John S Mackey / *Place of Business,* No 150 Eastern Ave}

R. C. Lee M. D.
Medical Attendant.
Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

Date of Death, March 3d. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred'k Woodward

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sec'y. Balt'r. Fire Insurance Co.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 N. Green St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 6. 1877.

{*Undertaker,* Chas. A. Ponder

{*Place of Business,* No 52 N. Balto

I. N. Butler M. D.
Medical Attendant.

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County, Md.

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number.} 73 King St

Cause of Death, {First (Primary,) Scarlatina. / Second (Immediate,)}

Duration of Last Sickness, About 4 days.

All the above information should be furnished by the Physician.

Place of Burial, H. P. Cemetery

Date of Burial, March 6th 1877

Undertaker, M. H. C. Perry

Place of Business 1148 W. Pratt St

J. B. Johnston M. D.
Medical Attendant.

Address Balto. South. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore.

Permit No. 16093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 5 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brinkmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 9 *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} ~~Married~~

Occupation, Cigar merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 45 N. Bond St

Cause of Death, {First (Primary,) Disease of the Heart — Second (Immediate,) Oedema of the Lungs

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1877

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

Date of Death, March 4th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Festus Butler.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Vine St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever.

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6.

Undertaker, Williams & Dugan *Address* 245 N. Fremont St. Balto.

Place of Business, 14 or East St.

E. M. Paul M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia L. Kroner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 234 E. Balt st

Cause of Death, First (Primary,) Measles

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel *John H. Conner* M. D.

Medical Attendant.

Date of Burial, Mar 8, 6/77

Undertaker, C. Rascoe

Place of Business, 136 E Fayette *Address* 286 E. Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16096 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Luke A Lake

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line,} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line,} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number} 36 Pearl St. Balto. City

Cause of Death, {First (Primary.) Pleuro Pneumonia / Second (Immediate.)

Duration of Last Sickness, 1 Week & 1 day.

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemty

Date of Burial, March 6th 1877 — E. H. Scarff, M. D. Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business. 57 n Liberty — *Address* Cor. Pacca & Fayette Sts Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frederick Georg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 17 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 508 Canton avenue

Cause of Death, {First (Primary,) Diphtheria – Second (Immediate,) – Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1877

Undertaker, H. Sechlich

Place of Business, 216 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. C. St. Kane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 2 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 69 Patterson Park Ave.

Cause of Death, {First (Primary,) Measles / Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 6th 1877

{*Undertaker,* H. Tacklise / *Place of Business,* 240 Eastern Av

James C. St. Kane M. D.
Medical Attendant.

Address 680 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of ...

Permit No. 16099

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,	March 5th 1877
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	Wm. T. Hayden
Sex, Male or Female, {Cross out the word not required in this line.}	Male.
Age,	2 *Years,* 8 *Months,* — *Days.*
Color,	White.
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	—
Occupation,	—
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	Balto. City, Since birth
Duration of Residence in the City of Baltimore,	
Place of Death, {Give street and number.}	290 S. Charles St.
Cause of Death, {First (Primary,) / Second (Immediate,)}	Accidentally Burned by fire
Duration of Last Sickness,	one hour

All the above Information should be furnished by the Physician.

Place of Burial,	Mount Olivet cemetery
Date of Burial,	March 7th 1877
Undertaker,	Charles F. Herold
Place of Business,	161 Hanover St.

R. C. Lee M.D.
Coroner's D.
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 6
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F Kirk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} W U V Hospital

Cause of Death, {First (Primary,) Stab in abdomen
Second (Immediate,) Peritonitis + collapse

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 7

{*Undertaker,* C H Blizzard
Place of Business, 201 Penn ave

A. L. Walker *M. D.*
Medical Attendant.

Address Wash. U. Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore.

Permit No. 1601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Oberheim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 141 Burgundy st

Cause of Death, {First (Primary,) / Second (Immediate,)} Pyaemia

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th 1877

Undertaker, Julius Koelle

Place of Business, Sharp & Cross Sts

C. L. Cuddenbeken M. D.
Medical Attendant.

Address 116 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry McDaniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Lee Market

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease.

Duration of Last Sickness, Sudden death,

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md

Date of Burial, March 7th 1877

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

Geo E Gelt Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Hanover 706

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 16403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Morris

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 14 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cuba St. L. Point

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cuba St. L. Pt.

Cause of Death, {First (Primary.) / Second (Immediate,)} Scarlatina Maligna 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 7th 1877.

{*Undertaker,* Leonard Tyler / *Place of Business,* S Bond St. 1877}

J R N Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 6th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lydia Williams

~~Son, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Days Months~~ *Years,* Seven *Months,* *Days.*

Color, Col

~~Son,~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 9 Marion St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 9 Marion St.

Cause of Death, { First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery Lot G. Sq.

Date of Burial, March 7th 1877

{ *Undertaker,* C. Sheppard

{ *Place of Business,* Pratt & Eastern. *Address* Balto Gen Dispy

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 5th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Mitchell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* —— *Days.*

Color, ed *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 51 State St.

Cause of Death, {First (Primary,) Chronic Suppurative Arthritis of Knee joint

{Second (Immediate.) Exhaustion

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1877.

Wm. T. Lee M. D.
Medical Attendant.

Undertaker, William T. Lunge

Place of Business, No 104 East St. *Address* Balto. Co. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 16106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Bateman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Columbia, South Carolina

Duration of Residence in the City of Baltimore, Seven (7) years

Place of Death, {Give street and number.} E. L. Bethel

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate.) Exhaustion

Duration of Last Sickness, One (1) Year

All the above information should be furnished by the Physician.

Place of Burial, Loyal Comete

Date of Burial, March 7th 1877

Undertaker, William H. Dingee

Place of Business, No 104 East St.

G. L. Wilkins M. D.
Medical Attendant.

Address 77 So. Broadway

HEALTH DEPARTMENT REGISTRAR 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, Feb. 6. 1877 March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Meade Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} # 410 E. Madison St.

Cause of Death, {First (Primary,)} Hydrocephalus (acute)

{Second (Immediate,)} Eclampsia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th/77

Undertaker, Geo. Schilling

Place of Business, Sign. & Monument St

A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 388 N. Washington St

Cause of Death, {First (Primary,) Papillary Bronchitis,
Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, March 7th - 1877

{*Undertaker,* John J Rodenmayer
Place of Business, Cor Fremont Ave & Fremont St

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Precilla Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 138 S. Dallas street

Cause of Death, {First (Primary,) / Second (Immediate,)} Affection of Spine

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Com

Date of Burial, March 7th 1877

Undertaker, Geo. T. Jones

Place of Business, 623 S. Dallas st.

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Lear Walker Medwick

Board of Health, City of Baltimore,

Permit No. 16110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie J. Londenslager.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 Lee St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 7th

{*Undertaker,* Wm J. Tickner / *Place of Business,* 65 S. Eutaw St.}

R. L. D. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 73 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} Widow Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md,

Duration of Residence in the City of Baltimore, Ten years,

Place of Death, {Give street and number.} 171 Druid Hill Av,

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,) Complete Prostration of vital forces,

Duration of Last Sickness, over two years,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 8

H. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, C. H. Hizzard

Place of Business, 201 Pratt ave. *Address* 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Lessner

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 n. Central avenue

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem.

Date of Burial, 3d March

Undertaker, Adam Sink

Place of Business, 161 N. Gay St.

S. S. Gross — *M. D.*
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of ...

Permit No. 6113

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

Date of Death, March 6 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Müller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Cor. S. Charles and Guilford

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 9th 1877

Undertaker, Charles E. Arnold

Place of Business, 161 Commerce *Address* 57 Barnet

H. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos B. McKeowns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 350 E. Fayette St

Cause of Death, {First (Primary.) / Second (Immediate,)} Stomatitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8th 1877

James A Steuart M. D.

{*Undertaker,* Wm Fry / *Place of Business,* N. Broadway}

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information. Uncle of deceased of Dr A. I. Foard

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four~~ *seventy-two* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Semmes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 12 *Days.*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. E. cor. Bond & Abbott Sts.

Cause of Death, First (Primary,) Lockjaw

Second (Immediate,) Convulsions

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician

Place of Burial, Reform Trinity Cemetery

Date of Burial, March 7th.

Undertaker, Wendelin Deffet

Place of Business, 21 Bond St. 151

A. K. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

Date of Death, March 6th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter F. Shultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 388 E. Eager St.

Cause of Death, First (Primary.) Scarlet Fever, followed

Second (Immediate,) by Measles, Sequela, Congestion of Brain

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th 1877

Undertaker, Geo. Keerle.

Place of Business, Eager & McDonough's

Wm H. Chudwick M. D.
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore.

Permit No. 16117

The Physician who attended any per... last illness... pres... of the... ...ly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the de... ...used, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, 50

Place of Death, {Give street and number.} 83 Harmony Lane

Cause of Death, {First (Primary,) ... Second (Immediate,)} Asthma

Duration of Last Sickness, unknown

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Mch 7th 1877

Undertaker, M. H. C. Perry

Place of Business, Pratt St

James A Steuart M. D.
~~Medical Examiner~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lefson W. Police

Board of Health, City of Baltimore,

Permit No. 16118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Mae Gortney

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 1 *Years,* 0 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 196 Park Ave

Cause of Death, {First (Primary,) Pulmonary Catarrh / Second (Immediate,) Congestion

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, March 7th

Undertaker, Blackistone & Son

Place of Business, 606 W. Balt. St

C. W. H. Cothen — M. D.
Medical Attendant.

Address 369 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 16119.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 235 George st.

Cause of Death, {First (Primary.) ... Second (Immediate,)} Organic Heart Disease

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 8th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Fay St.

J. H. Dorsey M. D.
Medical Attendant.

Address 143 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 5, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barney Burns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. About Sixty Years

Place of Death, {Give street and number.} 19 N Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age / Burns, Shock

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem.

Date of Burial, March 7. 1877

Undertaker J. B. Blackistone & Son

Place of Business. 606 Butts St

Thos Dimmlap M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 16121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lannan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 66 James alley

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 8th 1877

Undertaker, H. N. Troll

Place of Business, 90 S. Howard St.

A. McKenzie M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy S Hondy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Randall st 5th door from Light st.

Cause of Death, { First (Primary,) .. Scarlatina
Second (Immediate,)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 8th 1877

{ *Undertaker,* Mostray Lemmy
{ *Place of Business,* 263 Light st

J. E. Harrington M.D.
Assisted by Dr. Hoffman
Medical Attendant.

Address 321 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11123 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 2 Smith's Court

Cause of Death, First (Primary,) moribund

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, March 7th 1877

Undertaker, John W. Coyle

Place of Business, 42 S. Wolfe St

John H. Comer M. D.
Medical Attendant.

Address 286 E. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case is under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Steiner

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, 3 Months, 17 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Corn. Hoffman & Jefferson st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Corn. Hoffman & Jefferson st.

Cause of Death, {First (Primary,) Meningitis simpl.

{Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 9 March

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Dr. F. Faulkner, M. D.
Medical Attendant.

Address 1128 East Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, ~~Color~~ Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} Balt Infirmary Cor of Lombard & Green

Cause of Death, {First (Primary,)} Cancer of Womb.

{Second (Immediate,)} Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Easton Shore Maryland

Date of Burial, March 8th

{Undertaker, Hoop & Gray.

{Place of Business, 65 Hillen St

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 708

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Mch 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Gosnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31. *Years,* *Months,* *Days.*

Color, wht

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 Druid Hill ave Balto

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem^t G L Fairchild M. D.

Date of Burial, March 9th 1877 Medical Attendant.

{*Undertaker,* Jacob Weaver / *Place of Business* No 506 Druid Hill Avenue} Address 129 N Bridge

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Hopkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 240 N. Biddle Street

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, March 8th 1877

Chas. N. Neff, M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 6 Druid Hill Avenue Address 306 N. Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Isabella Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* 4 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Catholic Cem

Date of Burial, March 8th 1877

M. D.
Medical Attendant.

{ *Undertaker,* Hughes & Co

{ *Place of Business,* 536 Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agatha Carr

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 219 Carrollton Ave.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, March 8th 1877

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

E. W. McClintock M. D.
Medical Attendant.

Address 121 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S Cousins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 389 W Fayette St

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Anemia

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. E Govercox M. D.

Date of Burial, March 9th 1877 Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E Balto *Address* 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Rich'd Hawkins, Col'd

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 20 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Sex,

Occupation, Driver

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt:

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 85 Hanover alley

Cause of Death, { First (Primary,) Phthisis Pulmonalis, / Second (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9. 1877

J. Donaldson M. D.
Medical Attendant.

{ *Undertaker,* Holm & Gordon
{ *Place of Business,* No. 63 Park Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Zeller

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 66 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 52 Pennsylvania Ave

Cause of Death, { First (Primary.) Hepatic Disease

{ Second (Immediate.) Dropsy

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mifflin

Date of Burial, March 9th 1877

{ *Undertaker,* Jno. Hoffling

{ *Place of Business,* 52 Penn. Ave

Chas. C. Brown M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjn W. Lloyd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~his life~~ Living

Place of Death, {Give street and number.} 98 North Gilmor St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, March 9th 1877

Undertaker, Jos Loane

Place of Business, 528 W. Baltimore St

Wm H Doner M. D.

Medical Attendant.

A Donaldson Jr M D

Address 98 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Knight.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 Hollins st.

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate.) apnea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th 1877

{*Undertaker,* J. B. Cook

{*Place of Business,* No 707 W. Baltimore street

John Hood M. D.
Medical Attendant.

Address 274 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard O Regan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Eight *Months,* Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 62 Courtland St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, March 8 1877

Undertaker, James P Byrne

Place of Business, No 63 W Fayette St

O. Regan M. D.
Medical Attendant.

Address 87 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of ...

Permit No. 16136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 7th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louse Minsinger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, 6 mon'th.

Place of Death, {Give street and number.} 217. Hamburg.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 77.

Undertaker, F. A. Stoll

Place of Business, c/o S. Hamond & Co

Louis L. Dorn M. D.
Medical Attendant.

Address 220 Bull. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of ...

Permit No. 1613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

Date of Death, March 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C Owings

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} N 582 Lexington St

Cause of Death, {First (Primary,) / Second (Immediate,)} Disease of the Heart - Valvular

Duration of Last Sickness, Several years.

All the above Information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, March 8th 1877

{*Undertaker,* / *Place of Business,*} Hoy W Mears 115 N Gay St

H Shetary M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary E. Cassidy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* *Days.*

Color, white

Color, ~~Sex,~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 321 N. Caroline

Cause of Death, First (Primary,) ——

Second (Immediate,) Abdominemia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 8th 1877

Undertaker, Hy. H. Mears

Place of Business, 146 N Gay St

H. W. Ames *M. D.*
Medical Attendant.

Address 1661 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Maxwell.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia Pa. 48 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 3 N. Calhoun St.

Cause of Death, First (Primary,) Inflam. Prostate. Abscess. Suppuration

Second (Immediate,) Rupture Urethra into rectum. discharge of fecal contents through urethra.

Duration of Last Sickness, 2 months —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, March 11th

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway

A. A. Sutton M. D.

Wm. F. Smith M. D. Medical Attendant.

Address 1320 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
8
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Haley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 9. *Months,* ~~19~~ 21. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 41. York

Cause of Death, First (Primary.) Suffering.

Second (Immediate.) Central Congestion

Duration of Last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, ~~Catholic Cem~~

Date of Burial, March 8th 1877

Sherwood Gorter M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 S. Liberty

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Pate

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ____ *Years,* one *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 586 Hanover St

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } No 319 West St

Cause of Death, { First (Primary,) inflamation of Bowels
Second (Immediate,) 24 Hours

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 8th 1894

Undertaker, Conrad Bunkes

Place of Business, No 60 Park ave

J T Skelly M. D.
Medical Attendant.

Address 260 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 16142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Henry McWilliams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Columbia Ave

Cause of Death, {First (Primary.) Premature Birth
Second (Immediate,) unknown (dropsy}

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery James A Steuart M. D.

Date of Burial, May 9th 1877

Undertaker, P. A. Dill

Place of Business, 83 Columbia Ave

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas H. Mc Williams Father

[COVER.]

8

...oard of Health, City of Baltimore.

Permit No. 16143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johansen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor Second mate Ship Helen Maxwell

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Elsinor Denmark

Duration of Residence in the City of Baltimore, Sailor

Place of Death, {Give street and number.} Harbor between Locust point & Canton

Cause of Death, {First (Primary,) Accidental / Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 6th March 1877

Undertaker, John C. Leach

Place of Business, 765 Aliceanna

Edmund R Walker M. D.
Medical Attendant.

Address Coroner M. P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16144 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Brook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 147 Fort Ave.

Cause of Death, {First (Primary,) Marasmus -
Second (Immediate,)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th 1877

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

C. Mc Neff M. D.
Medical Attendant.

Address 258 W. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore.

Permit No. 16145 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Adelade Holmes

Sex, ~~Male~~ or *Female,* {Cross out the werd not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 787 W Baltimore St

Cause of Death, {First (Primary,) Diphtheria. Second (Immediate,)}

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday 9th 1877

Undertaker, J B Cook

Place of Business, No 40 W Baltimore street

Wm Requelin M. D.
Medical Attendant.

Address 5 W Cor Fayette & Allemps

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 16146 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Eggerstropher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtemberg, Germany, 20 yrs resident.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 27 Shakspeare St.

Cause of Death, { First (Primary,) Menorrhagia
Second (Immediate.) Prostration,

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, March 9th at 10 A.M.

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 332 Canton Ave. *Address* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 8. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evan McKenzie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, wht

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 117 Preston St

Cause of Death, {First (Primary,) Paralysis - Second (Immediate,)}

Duration of Last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 10 March

Undertaker, Jacob Deaver

Place of Business, Druid Hill Ave

G L. Tanenhill M. D.
Medical Attendant.

Address 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Worcester Co. Md.

Duration of Residence in the City of Baltimore, ~~Forty~~ 50 years

Place of Death, {Give street and number.} 311 Orleans St.

Cause of Death, {First (Primary,) Dysphonia. Second (Immediate,) Paralysis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1877

{*Undertaker,* Thos S Hughes

Place of Business, No 60 E Balto st

G. Glanville, Clark M. D.
Medical Attendant.

Address Balt. & Mar. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 16149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Buchanan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} no 6 Mulberry St

Cause of Death, First (Primary.) Temporary Insanity,

Second (Immediate,) Suicide by cutting throat

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 9 March 1877

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Edmund Walker M. D.

Medical Attendant.

Comm to P.D

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,	March 8th 1897
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	Eliza Brown
Sex, Male or Female, {Cross out the word not required in this line.}	female.
Age,	83 Years, Months, Days.
Color,	White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Single
Occupation,	No Employment
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	England.
Duration of Residence in the City of Baltimore,	54 years
Place of Death, {Give street and number.}	22 Harlen Avenue,
Cause of Death, First (Primary,)	Chronic Stomach
Cause of Death, Second (Immediate,)	
Duration of Last Sickness,	6 m. & months

All the above Information should be furnished by the Physician.

Place of Burial,	Greenmount
Date of Burial,	Sat. March 10th
Undertaker,	W. S. Conder
Place of Business,	N. Bal. St.

Wm. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March the 6th 18 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annis McCarthy

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 77 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male,

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. } Widower.

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 29 Years.

Place of Death, { Give street and number. } 70 Essex St.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, March 9. 1877

J. M. Sullivan, M. D.
Medical Attendant.

Undertaker, Chas. T. Henson

Place of Business, 2711 Eastern Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles E. Welch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 57. Boyd St

Cause of Death, First (Primary,) ; Second (Immediate,) Scarlatina

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, March 9

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

Thornton C Fis M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 16153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

Date of Death, March 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} George W. Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 267 Raborg St

Cause of Death, {First (Primary,) Burned

{Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1877

{*Undertaker,* W. N. Dungee

{*Place of Business,* East St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Shakespeare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28. Cathedral St

Cause of Death, {First (Primary,) Bronchitis
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery F. J. Miles M. D.

Date of Burial, 9th March 1877 Medical Attendant.

Undertaker, D. W. Jenkins & Son *Address* 24 Cathedral St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Gundesdorf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 South Fremont

Cause of Death, First (Primary,) Catarrh Fever

Second (Immediate,)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 9 1877

D. F. Hoffman M. D.
Medical Attendant.

Undertaker, W M Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16156

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana L. Martin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Etting Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Pd Cathedral — W. B. Browne M. D.

Medical Attendant.

Date of Burial, March 9

Undertaker, F H Blizzard

Place of Business, 201 Lee av — *Address* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Dunnavant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Bull Infirmary.

Cause of Death, {First (Primary,) Fracture of the Cranium. Second (Immediate,) Shock.

Duration of Last Sickness, 10 hours

All the above Information should be furnished by the Physician.

Place of Burial, Petersburgh Va

Date of Burial, March 11th 1877

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

T. A. Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 710

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16158 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 7 *Days.*

Color, White

~~Sex.~~

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 364 Hollins St.

Cause of Death, {First (Primary,) Old age—

{Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 9th 1877

{*Undertaker,* Wm S. Keeline

{*Place of Business,* No 150 Camden *Address* 640 N. Fayette St.

Jno R. Quinan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H W Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 19 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 N Liberty

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, March 10/77

{*Undertaker,* F. N. Ardell

{*Place of Business,* 90 S Howard St

W. T. Knight M. D.
Medical Attendant.

Address Govanstown Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART MAR 9 1877 BALTIMOR

Date of Death, 9th March 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Colman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* ——— *Months,* ——— *Days.*

Color, ~~Black~~

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Wordsawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give street and number.} 81 Burgahed Alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Debility & Old age

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 9th March

Undertaker, Saml. F. Chase

Place of Business, Co. Hill & Howard

C. G. Owens *M. D.*
Medical Attendant.

Address 151 Wilkens Ave or City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]